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ABSTRACT

Food and nutrition are the theme topics of this issue of UNICEF News. Giving special attention to Haiti and Zimbabwe, the first article inquires into reasons why agricultural, health, and nutrition programs have not eradicated malnutrition. Subsequent articles center on (1) facts concerning food and nutrition; (2) the diet of people living in a mountainous part of Swaziland; (3) agricultural, social, and dietary characteristics of a family residing in Thor, a village in Senegal; (4) what one nutrition surveillance program in Uganda could and could not accomplish; (5) aspects of life in Chil Won Li village in South Korea; (6) fish farming by farmers in the Central African Republic; (7) the Ilaw ng Buhay, a movement in the Philippines to counter child malnutrition; (8) the effectiveness of nutrition rehabilitation units and family life training centers in Kenya; (9) the role of Islamic religious leaders in Indonesia in promoting good nutrition; (10) the role of village health workers in combating child malnutrition in rural Thailand; (11) a drive to promote good nutrition on the Caribbean island of Dominica; (12) impressions of the war in Lebanon; (13) development education in Australia; and (14) an update of UNICEF activities. (RH)

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UNICEF news

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UNICEF news

Issue 3/1982/3

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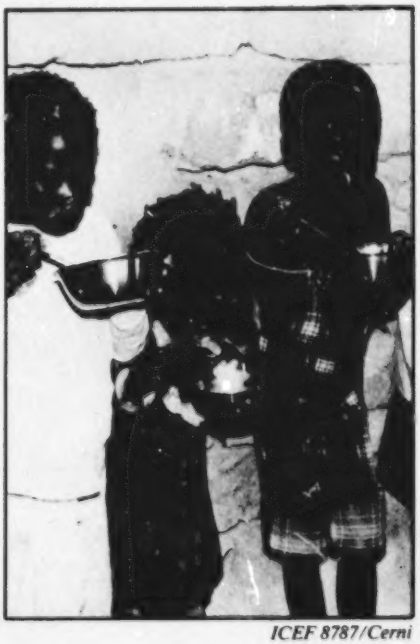
Why is it so difficult to feed the hungry child?

After two decades of strenuous wrestling with the problem of malnutrition, the agony of the hungry child is still very much with us. Why haven't the agricultural production and the nutrition education programmes worked? How is it possible to misunderstand and misconnect with what seems to be the most straightforward problem of all? By MAGGIE BLACK.

If there is one issue in the development litany which seems clear-cut, it is the issue of hunger. The hungry child is the image etched into the consciousness of everyone who ever responded to the challenge of poverty and deprivation in the developing world. The listless expression, stick-like limbs, and swollen stomach have become —unfortunately—the visual cliché of international aid. The agony of the child, which is arguably the driving force of the whole international development movement, has prompted a million donations, launched a thousand grain ships, pushed the issue of hunger high on the agenda of many world conferences and national five year plans.

In spite of all the efforts, the hungry and malnourished child has not disappeared. After two decades of agricultural programmes and nutrition strategies and food aid hand-outs, development experts of all kinds still do battle over where and how to tackle the problem.



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They cannot even agree on its dimensions. That food production is not growing in most of the poorer developing countries at the hoped-for rate is universally acknowledged. So is the fact that the global food basket regularly contains an average of over 3,000 calories per head a day for everyone on earth, although it never gets distributed that way. There is food maldistribution, there is population growth, and there appears to be—at least temporarily—a ceiling in world food harvests (see page 8); but whether the results of these factors is to be counted in terms of 100 million, or 500 million, or 800 million, or even one billion hungry mouths is a matter of considerable debate. Even organizations like UNICEF do not know whether to accept the figure of 10 million or 14 million children dying each year from "causes associated with malnutrition."

The arguments about the precise extent of hunger in the world seem irrelevant compared to the obvious need to do something about it: the numbers are unacceptable whatever they are. But what actions should be taken, and in what order of priority, is another fertile ground for debate. The results of typical programmes —supplementary feeding, food enrichment, nutrition education—have been so disappointing that, in recent years, the proportions of many development organization's budgets—including UNICEF's—spent on this kind of programme have actually been declining.

Feeding the starving child

The problem of hunger and malnutrition is much more complex than it superficially appears. To symbolize the problem with the cliché of the starving child may reinforce its fundamental character, but it also reinforces simplistic misperceptions about what the problem really consists of. What could be so extraordinarily difficult, after all, about feeding the starving child? There is easily enough food in the world, and the logistical problems of getting the food to the child ought not to be insurmountable in the era of travel to the moon.

In fact, unless there is a famine, when hunger and malnutrition are concentrated in the population of an entire locality, as happened in the Karamoja region of Uganda in 1980/81, the *starving* child is by no means ubiquitous. He or she is actually a rare phenomenon, whatever the global statistics imply. Even in the poorest slum or village, under "normal" circumstances, the number of children suffering from chronic or third degree malnutrition is never more than a handful.

Those acute cases of *marasmus* (severe undernutrition) and *kwashiorkor* (severe protein deficiency) are the sad victims of a particular family's acute misfortune. They are mostly tucked away in the poorest and most inaccessible communities, and finding them—usually through nutrition surveillance programmes—is by no means

easy. Having done so, medical attention is needed to help nurse them back to health, in nutrition rehabilitation units or malnutrition wards, preferably with the child's mother involved in the process of treatment and recuperation.

The urgency of such cases is underlined by all the medical evidence concerning the size and growth of the brain, the desirable equation between weight and height and age (particularly between six months and six years), the effect on young bodies of prolonged protein-calorie deficiency or the loss of vital fluids in continual bouts of diarrhoea. It has become common knowledge that children who survive such deprivation are likely to suffer an inbuilt set of prohibitions on normal physical and mental development.

The chronically under- or malnourished child is, however, only the extreme symptom of the overall hunger problem. The vast majority of the 500 million or 800 million, are not "starving" or anything approaching it. Equally, the majority of the 14 million children who die each year from "causes associated with malnutrition" do not die from outright lack of calories, proteins or vitamins. They mostly die from infections which take hold of their already weakened bodies with remorseless effect: diarrhoea and respiratory illness often become killers in an underfed child.

These children are suffering from persistent dietary deficiency—first or second degree malnutrition—which does not manifest itself in eye-catching pain and misery. It will probably only show up if the child regularly attends a surveillance programme, and has his or her weight plotted month by month on a "road to health" graph on the growth chart which is now becoming the most widely used tool for monitoring children's nutritional status.

If the crosses entered by the health worker fall consistently just off the "road," the child may not do well in school, and later may become a "repeater"(repeating the same class from year to year), or a drop-out. Later still, all-day work in the fields may prove hopelessly overtaxing; and there may be no inclination to take part in village or community affairs. In short, although there is no eye-catching tragedy, the child never fulfills his or her adult potential.

An example of a family suffering this kind of hunger and malnutrition is that of Mme. Istaline Joseph of Coridon village in northwest Haiti (see story inset: **Even the fish have let us down**). According to a UNICEF-sponsored study, the average villager in Haiti is only eating two-thirds of the recommended 2,200 calorie diet. The family of Mme. Istaline is probably eating considerably less, and is certainly not eating the diet recommended by the resident nutritionist in Coridon village.

Why not? Because all the demonstrations about the nutritional properties of meat and milk and eggs so carefully laid out in countless health centres and women's clubs and nutrition units throughout the developing world, offer nothing to a mother unless she has the wherewithal either to buy or to grow such foods. Hunger and malnutrition cannot be divorced from the context of people's lives. Whether people have enough to eat, and enough of the right kinds of food to

Child malnutrition used to be seen as the domain of the physician treating a patient in a clinic. Now it is seen as a problem of poverty. ICEF 6786/Diabate

Haiti

Even the fish have let us down

Mme. Jacques Benjamin, the resident nutritionist in Coridon village, cuts a distinctive portly figure in her off-white dress. It is four years since she came to this bleak ribbon of a community, strung out along a spit of sand and shingle on the edge of the northwest Haitian coast.

At that time a severe drought in this desolate and neglected part of the country had reduced many of Coridon's children to a state of third degree malnutrition, the kind that turns a child into a listless bag of skin and bone with bleached hair and a swollen stomach.

Now, thanks to Mme. Jacques' "recuperation" programme, in which the worst cases were given a daily nutritious meal, they are only suffering from second or first degree malnutrition. She has replaced "recuperation" with "surveillance."

Every two weeks she holds a meeting. Twenty-five mothers attend with 80 children. The children are weighed and she gives out maizemeal flour, oil, and powdered milk, provided by CARE. She gives cooking demonstrations with vegetables, meat, and eggs. She talks of their nutritional value. She also teaches the mothers how to make a "serum" of sugar, salt and boiled water, for the treatment of diarrhoea.

If this part of Haiti is, at least to the naked eye, hopelessly infertile, with its denuded and eroded hills, its grotesque forests of overgrown cactus, one commodity of which the villagers of Coridon have plenty is salt. Apart from the fish—which according to Edouard Soufaite, father of four children and one who died in the drought, "have let us down"—the villagers' main source of income is their salt mines. Handed down through the generations, these great ochre-coloured sandpits lie open to the sun on the landward side of the village.

Across the precarious walkway be-

tween the mines is the household of Mme. Istaline Joseph. A woman in her late twenties, who ought still to be in her prime, her thinness gives her a deceptively frail appearance. Mme. Istaline married a man who owned a salt-mine; he left her for another woman. Her flimsily-thatched mud-walled house has two tiny rooms. Eight people live there: her four children, a brother, her parents and herself.

ICEF 9228/Black

Although she cannot mine salt since her husband left, she still relies on salt for a living. But recently, since salt in large quantities was imported into Haiti, the price has dropped dramatically. "A *calabash* of salt used to fetch $4 in Port-au-Prince. Now the price has dropped to 50 cents."

Mme. Istaline must buy bags of salt, at $5 each, from someone else. When she has three or four, she takes them on the all-day, bone-breaking bus journey into Port-au-Prince. With the handling charge, the bus ticket to and from, and the selling price per bag of $7, she is lucky to make $2 out of the two-day trip.

Mme. Istaline, with a little prompting from Mme. Jacques, can tell you all about the nutritional properties of meat and milk and eggs. She can recite the recipe for the rehydration "serum" for diarrhoea treatment, not forgetting the juice of lemon which can substitute for salt, in the unlikely event that this ingredient is in short supply. She knows, thanks to the demonstrations, that spinach and legumes are rich in vitamins, iron and protein.

Where can she obtain these items? A certain kind of skimpy greens, called *copié*, grows wild and can be gathered. But there are no cows or goats for milk or meat: livestock has been banned as a counter-measure to the widespread deforestation. So most things must be bought in the market. An egg costs 50 cents. A pound of meat costs $2 and, among a family of eight, will only give each one a taste. Who can afford such things? Certainly not Istaline Joseph.

So what do they eat? "When I have maize"—the powdered rations given out every 15 days by Mme. Jacques under her "surveillance" programme —"I feed it to the children. When I have no maize, I give them a piece of bread, if my father brings one." Mme. Istaline reluctantly admits that there are times when she has nothing. Today is one of those times: there is not a scrap of food in the house. Tomorrow she will go to Port-au-Prince on the bus with three bags of salt. And there may not be a scrap of food until she returns.

Her father has a piece of land, away in the barren hinterland among the hills. But without irrigation, he finds it hard to grow anything. "Our problem is water," explains Aramus Charles, the Secretary of Coridon's Council. Water is needed for drinking, for washing, for cooking, and for growing food. At the moment, the people of Coridon have to trek 11 kilometres into the hills to the nearest source, and 11 kilometres back again.

"When we have water, piped from the spring, we can grow maize, peas, plantain, manioc, fruit trees, tomatoes, and shallots," says Aramus Charles. Four years ago the villagers somehow managed to raise $2,000 between them for a water system. Each family gave what they could and they took two years to gather the money.

They gave the money to an engineer to carry out a "study." From that date to this, the study has got them nowhere. They have moved sand, they have moved stones, they will dig a ditch wherever the "experts" tell them to. But the engineer has taken the $2,000 and left them in the lurch.

Eventually the national water department, and UNICEF, may help to solve their problem. In the meantime, the soil is dry, the trees are disappearing, the price of salt is dropping, and even the fish have let them down. And tonight and tomorrow there is no food in the house of Istaline Joseph.

Not all Mme. Jacques' demonstrations can put it there. No amount of weighing of children and recipes for "serum" can substitute for the possibility to grow food, or to earn a living. Only the CARE rations stand between the people and hunger. "Do you understand?" asks the Secretary, Aramus Charles. "Our farmers know what to grow. Our mothers know what to feed their children. But without water what can they do? The day that water comes here, it will be like manna from heaven." **(M.B.)** □

eat, depends on their income. It is a factor of their poverty

"The problem of hunger is old, but our experience in facing it is relatively short," says Hossein Ghassemi, UNICEF's senior nutrition adviser. In the past generation, the way in which the problem is diagnosed has dramatically altered. "Twenty years ago," continues Ghassemi, "child malnutrition was seen as the domain of a physician treating a patient in a clinic. In a crude sense, the solution of the problem was then seen as requiring a remedy such as vitamin pills. Then, the problem came to be seen as an epidemiological problem, to be approached in communities with community health care schemes. Then it was seen as a food supply problem, to be dealth with by dietary supplements distributed in welfare schemes. Now it is seen as a poverty problem, and it is recognised that lasting solutions to hunger and malnutrition belong to the context of overall development."

The only lasting solution to the problem of hunger is, therefore, the eradication of poverty. But this process in many developing countries is excruciatingly slow, and in some is stagnant or sliding backwards. In the meantime, the hungry —and particularly the hungry child—cannot wait. And while the experts agree that over the long term hunger is a factor of poverty and only to be resolved by its eradication, they are equally agreed that a range of measures, albeit palliative, can and should be taken now.

Avoiding the disappointments of the past

Many of the disappointments encountered in the campaign against hunger and malnutrition up till now stem from the fact that this rock-bottom human need—a regular good square meal a day—is the ultimate example of an issue which underpins every single other, is integral to every discipline and sector but that is yet not quite dominant in any one. In the past, many of the traditional approaches have been tried in isolation from each other.

Agricultural development programmes have been designed to increase food production without thought to whether it is the hungry who will consume the food. Medical treatment of the severely malnourished child has been administered without attention to the family circumstances which caused the malnutrition in the first place. Food aid has been plentifully doled out without proper consideration of local farm prices. New advances in food technology have ignored the economic costs which keep the new, refined or processed foods well beyond the means of the poorest and the hungriest.

Even within the traditional nutrition programmes—nutrition surveillance, nutrition education for mothers, supplementary feeding for the under-fives—there has been considerable short-sightedness. In the health centre, for example, where regular surveillance reveals that a particular small child is consistently below his or her correct weight for age, the mother may be given a specified measure of nutritionally-fortified rations. That she cannot possibly take this home and feed it exclusively to one small person when there are four or five other clamouring hungry mouths, has sometimes not been taken into account, nor that in many parts of the developing world, men and boys eat first and most of whatever is available.

Unless all the strands are brought together—food production, health services, education, social services—nutrition programmes *per se* are unlikely to make any lasting impression.

One way of trying this kind of integrated approach to nutrition is within the context of primary health care services. The concept of primary health care has helped bring about the dethronement of malnutrition as a clinical and biological problem, and elevated those other elements—food production, environmental sanitation—which are seen as important elements in the new nutrition strategy.

Much of UNICEF's attention to nutrition is currently focussed on community health aides such as Mrs. Marange in Bushu village, Zimbabwe, (see story inset: **Being available is what counts**). Mrs. Marange spends as much of her time exhorting mothers to breastfeed, grow vegetables, make their own weaning foods, and collect and compost their refuse, as she does weighing, measuring and feeding their children.

The five components

Health care workers like Mrs. Marange and nutritionists like Mme. Jacques in Coridon village can promote specific measures which can cause a dramatic drop in mortality from "causes associated with malnutrition." The use of oral rehydration "serum," as Mme. Istaline calls it, stops children losing weight in continual bouts of diarrhoea. Assuring that children have a "road to health" card, or a child health passport as it is called in Dominica (see article on page 28), is another vital contribution. So is a complete cycle of immunization for each child in the community. Together with the promotion of breastfeeding and the provision of extra food supplements for the most vulnerable, these five components can help provide the child in the poorest household with the chance of not falling off the "road," not being a "repeater" in school, not feeling—at a later stage in life—overburdened by work in the fields, and managing instead to reach full adult potential. All of this can be done cheaply, at the community level, with technology which is within easy reach.

Expanding primary health care services, and employing community health workers as front-runners in combating malnutrition by using these techniques, are important components of a $100 million programme on which UNICEF and the World Health Organization are now embarking. The major thrusts will be the use of oral rehydration salts to control diarrhoeal disease, the promotion of breastfeeding, the use of growth charts so that mothers can see how their children's weight is progressing, immunization, compensation for dietary deficiencies such as iodine and vitamin A and the provision of food supplements on a selective basis

But if the expansion of primary health care services is one way forward, it is by no means the only element in a new freedom from hunger campaign. UNICEF has a unique strength in helping to develop a nutrition strategy which will bring together all the actors on the hunger scene, in the view of Hossein Ghassemi. "UNICEF is concerned with the child, with a set of human problems during a specific time of life. Therefore, it can be comparatively free from disciplinary walls. One of the most important challenges to UNICEF is to capitalize on this asset, and to build a bridge between those concerned with hunger from the health and education side, and those concerned from the agriculture and economic side."

If we are not willing to accept the complexities and interrelationships of all the factors underlying the hunger and malnutrition problem, we will find the outcome of the next generation of nutrition programmes just as disappointing as the last. □

Zimbabwe

Being available is what counts

By Helena Gezelius

Once a week the women of Bushu village meet in their club, carrying their small children on their backs in a towel or shawl. Many have babies feeding at the breast. Their song fills the air: *"Madzimai ngatishingei kusumudzira Zimbabwe..."* ("Women be strong to rebuild Zimbabwe").

Nine months ago these women were among the hundreds of people from the community who gathered to select two of their members as village health worker trainees. Mrs. Ebbermore Marange, a big, cheerful, capable woman was one of the two. For three months she went away for her training course, provided under the national programme which UNICEF supports. She has now been at work for six months.

Mrs. Marange was able to add the new knowledge she gained to her life's experience, which includes bearing and raising ten children of her own. But she knows the children of these women at the club almost as well, for she herself is one of them and can relate her teaching to their specific problems.

Today she will teach about nutrition. After the war for Zimbabwe's independence, which ended in 1980, malnutrition was very common in the area. During the war the policy of keeping people in "keeps" (the local word for protected villages) made it difficult for parents to farm and grow enough to eat. Two years later things have improved, but there are still problems.

Traditionally, the diet around here was nutritious and well-balanced. In the old days, the *sadza* (a stiff porridge made from maize or occasionally sorghum) which was then, and still is, everyone's staple food, was made from home-ground flour, unrefined but with plenty of nourishment. Every morning children would start the day with a good breakfast of *sadza* and home-made peanut butter. Today's health workers have to battle against the idea that white bread and tea make the best breakfast: they are trying to reintroduce the nutritious type of *sadza* and the peanut butter.

Today Mrs. Marange is planning to talk about weaning foods, prepared from vegetables which grow locally. The benefits of breastfeeding and the dangers of the feeding bottle are already well-known from earlier meetings. Mrs. Marange has a poster showing different vegetables, and asks the women which ones they use for weaning. Discussion reveals that not all the women have yet established their own vegetable gardens, but most are willing, given a little advice.

ICEF 9234/Gezelius

Those who already have their plots established describe how to go about it. As it is important to fence the gardens to keep out the cattle and other animals, Mrs. Marange describes the initiative of another women's club not far away. The women wanted to grow vegetables together, but had no fenced-in place to do so. An idea occurred to them: why not make good use of the security fence which had been put up to make the "keep" during the war? They applied to the District Administrator and he gave them permission. "Now," says Mrs. Marange, "the fence keeps the cattle out, instead of keeping the people in!"

Diarrhoea is still common, although decreasing. One of Mrs. Marange's earliest activities was to talk about public health, and to encourage the women to dig a communal refuse pit and make compost heaps. Now almost all the women have refuse pits at home. Some have moved the cattle *kraals* further away, and their family living quarters are less troubled by flies.

Home visits take up a lot of Mrs. Marange's time. But it will be easier to get around once she has her UNICEF bicycle, even though it cannot be used on all the country paths. But she makes the time—once she's finished her early morning household chores, her work in the family's fields, and seen her younger children off to school—because she thinks it's important.

What does she think is the most important attribute for a health worker like herself? Her reply is immediate: "Above all, being available to people. That's what counts above everything else." How long will Mrs. Marange go on being "available" in her new role? She gives a big laugh. "Why, for as long as they want me." □

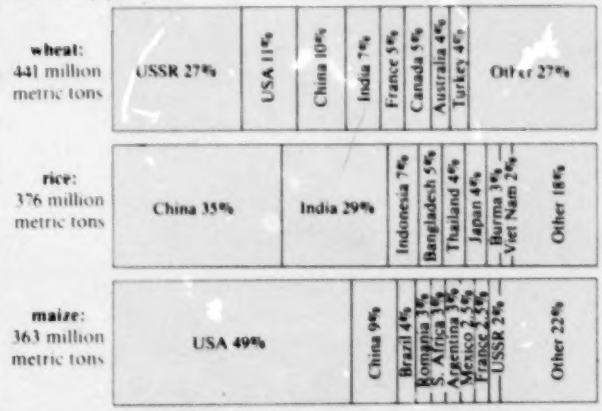
Helena Gezelius was until recently an Associate Information Officer for UNICEF.

Food and nutrition: the facts

Food production

The world's main food crops (1979 figures)

Three main cereal crops provide the basic food for most of mankind, whether directly consumed or converted into meat and dairy produce.



Source: FAO

Food and population 1950-1980

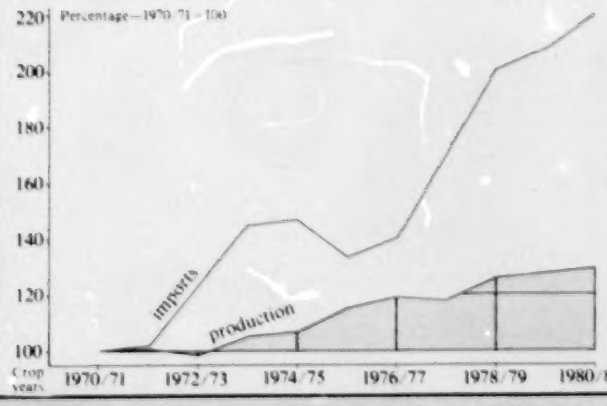
1950 to 1971 was an era of unprecedented growth in food production; yields on existing cropland were raised dramatically by energy-intensive agriculture. Since 1971, however, gains in output have barely kept pace with population growth.

Year		Population (billions)	Grain production (million metric tons)	Grain production per head (kilograms)
1950		2.51	631	251
1960		3.03	863	285
1970		3.68	1137	309
1971		3.75	1237	330
1972		3.82	1197	314
1973		3.88	1290	332
1974		3.96	1256	317
1975		4.03	1275	316
1976		4.11	1384	337
1977		4.18	1378	330
1978		4.26	1494	351
1979		4.34	1437	331
1980	(prel.)	4.42	1432	324

Source: U.S. Department of Agriculture and United Nations

Food supplies in developing countries 1971-81

Very few developing countries have met the FAO target of 4% cereal production growth per annum; some countries' production, particularly in Africa, has declined.



Source: FAO: Dimensions of needs

What do people eat?

Rice

Rice is arguably the world's most important food crop: it provides the staple for 6 out of 10 people, all of them in developing countries. A cereal grass, it requires a warm climate and plenty of water to grow in. Unlike wheat and other grains, it needs no grinding and can be eaten straight from the paddy.

Maize

Maize is the world's second most plentiful cereal (behind rice, ahead of wheat). It is very versatile in size, colour, length of maturity, climatic requirements. Discovered in the New World by the early explorers, it was taken to Africa in the 16th century, where it took on widely as a staple.

Millet

Millet is unknown in the West but is an important food in Africa and Asia. It will grow in very dry soil, and therefore offers the only source of grain to many peoples living in arid and semi-arid lands. Its protein content is second only to that of wheat.

Sorghum

Sorghum, which like millet will grow in arid regions where no other cereal can be raised successfully, is ranked fourth in world food crops by some authorities. It is the leading grain in Africa; in the West it used to be grown for its sugar content and is now principally used for animal fodder.

Cassava

Cassava, known also as manioc, is a fleshy, starchy root crop used as a staple in parts of the developing world. It is known as a famine crop because it grows in very poor soils; but its nutritional value is among the lowest of all staple foods. Like some species of yam, cassava is toxic unless carefully prepared.

Yam

Yams, not to be confused with sweet potatoes, are the most widely eaten root crop in the world—better-known in the developing world than the potato but containing less nutritional value. Used as a staple, but at risk of protein deficiency.

Plantain

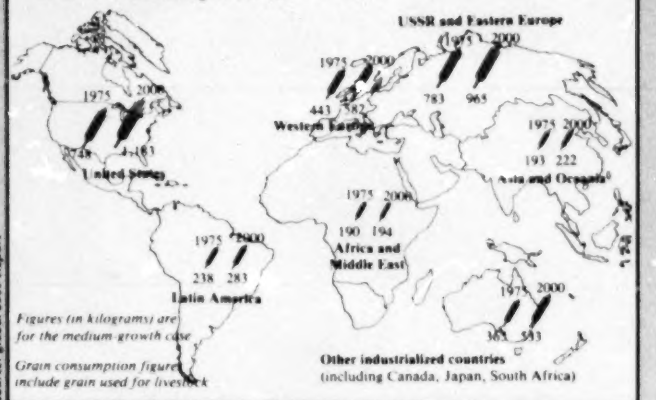
A tree-like tropical herbaceous plant closely related to the banana, which is also a staple food in many parts of Africa and the developing world. The fruit is born in dense clusters, and is pod-shaped, like cucumbers.

Soybean

A bushy legume native to Asia and extensively cultivated in China and Japan, and introduced as a high-protein crop in Africa. Its seeds yield oil, flour and meal; it is very nutritious and versatile.

Who eats and who doesn't?

Grain consumption (per head)



Figures (in kilograms) are for the medium-growth case.

Grain consumption figures include grain used for livestock

Source: global 2000 Report

Undernutrition in developing countries

FAO estimates that about one quarter of the people in the developing countries are undernourished, three-quarters of whom are in the Far East. Twelve countries suffer from undernourishment on a vast scale: India (201 million), Indonesia (33 million), Bangladesh (27 million), Nigeria (14 million), Brazil, Ethiopia and Pakistan (12 million each), the Philippines (10 million), Afghanistan (6 million), Burma, Colombia and Thailand (5 million). More than 40 per cent of the populations of Ethiopia, Chad, and Haiti are undernourished.

	Africa	Latin America	Near East	Far East
Population in millions*	320	317	192	1090
No. of undernourished in millions	72	41	19	303
Percentage of undernourished	23	13	10	28
Daily calorie deficit in 1,000 millions	52	30	15	214

*Data based on information for 86 developing countries for 1974-76. Source: FAO Dimensions of needs

Nutritional requirements

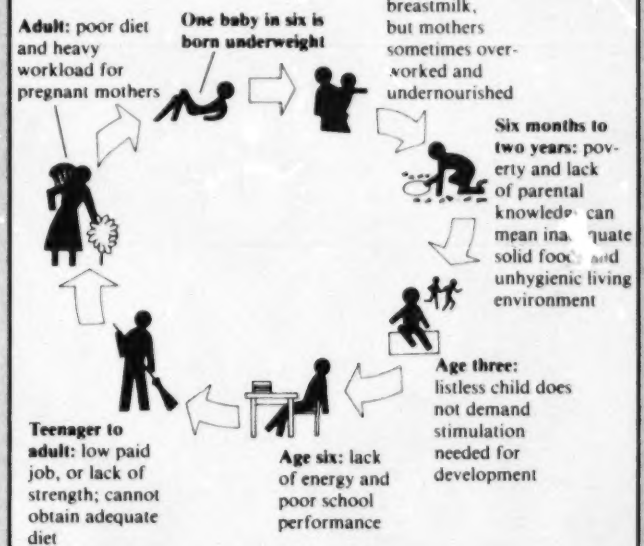
Nutritional requirements vary from person to person according to activity levels, sex, body weight, etc. it is impossible therefore to be precise about how many calories a person needs; under 2,000 a day can definitely said to be on the low side. Within any country, the distribution of food, is very skewed in favour of the better-off.

	G.N.P.	Calories a day
AFRICA		
Angola	$ 330	1,993
Chad	$ 130	1,761
Mauritania	$ 270	1,863
Zambia	$ 450	2,014
ASIA		
Burma	$ 80	2,078
India	$ 150	1,968
Nepal	$ 110	2,018
Thailand	$ 410	2,031
AMERICAS		
Mexico	$1,110	2,687
El Salvador	$ 570	1,882
USA	$8,640	3,535
EUROPE		
Greece	$2,810	3,242
Sweden	$9,250	3,018

Source: World Food System Data Sheet

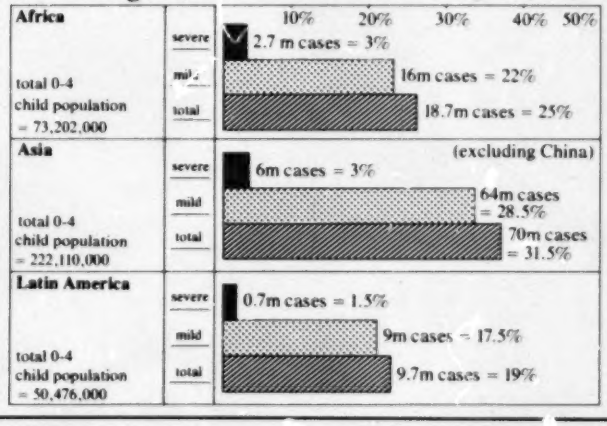
The most vulnerable

The hunger cycle


Adult: poor diet and heavy workload for pregnant mothers
One baby in six is born underweight
Birth to six months: protection from breastmilk, but mothers sometimes overworked and undernourished
Six months to two years: poverty and lack of parental knowledge can mean inadequate solid food and unhygienic living environment
Age three: listless child does not demand stimulation needed for development
Age six: lack of energy and poor school performance
Teenager to adult: low paid job, or lack of strength; cannot obtain adequate diet

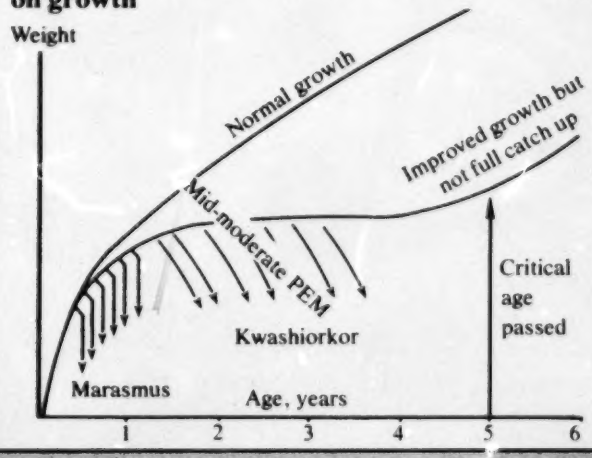
Protein-energy malnutrition among children aged 0-4

Number of cases selected regions (1975).



Source: WHO Chronicle Vol. 28, No. 3

Effect of protein-energy malnutrition (PEM) on growth



Source: UNICEF Field Manual, Vol. I Book D, Nutrition.

The cows are not for eating

LaMvila and LaGwayisa live in a mountainous part of Swaziland. Their men are away from home. What do they feed their families? How do they manage? By JAMES NORTH.

July is in the middle of Swaziland's winter. It is a time when LaMvila gets anxious about the amount of maize remaining in her metal storage bin. Most years, she produces enough from her plot of land to keep at least something in the bin right through the winter. But this year maize yields were cut by drought.

LaMvila is not overly concerned. She thinks she can count on her husband, a soldier in the Swazi army who visits home once a month, to cover any maize shortage by purchasing one or more large bags at roughly $20 each. It would be a regrettable step; buying maize would mean less money for other food, school and medical fees, and other household goods.

LaMvila, who is in her 50s, heads one of a cluster of three homesteads in the mountainous Luve region in central Swaziland. The other two homesteads—groups of mud-and-thatch buildings—are also headed by middle-aged women. Their men are off working in factories in town. Their jobs are low-paid but still bring in appreciably more money than scratching a living exclusively from agriculture.

LaMvila and the other women stay at home, coaxing what they can from the soil. She also looks after some members of her extended family: her aged mother and two of her grandchildren. The successful efforts of women like LaMvila to grow their family's food means the multinationals and others who employ their husbands can maintain low wage levels. It is a characteristic pattern in southern Africa.

Women like LaMvila and her closest neighbour, LaGwayisa, lead strenuous lives. Even while they talk, LaMvila bustles about, cleaning, washing, sweeping, cooking—her voice coming sometimes from deep inside one of her buildings where she is occupied with some task.

As well as their staple, maize, the women raise pumpkins, which they plant between the rows of maize. Experts long frowned on such intercropping, until they realized that the spreading pumpkin leaves inhibit weed growth. After the harvest, LaMvila and LaGwayisa store the pumpkins and carefully dry the leaves.

They cook the pumpkin fruit together with their maize meal over a fire of wood or maize cobs. They also grind the leaves together with home-grown peanuts, and add the mixture to the maize. They gather varieties of wild spinach, which outsiders sometimes mistake for weeds.

The women also buy some food items regularly from a small shop a mile away across the river: sugar, tea, salt and bread. LaMvila uses one loaf a day, she says. They also buy fruit and vegetables from nearby homesteads: oranges, bananas, and the huge ripe avocado that they are about to eat.

They don't know how much he earns

The two women find it very difficult to work out how much they spend on food each month. They say the amount varies depending on how much money their husbands send home, a sum that seems to fluctuate wildly. They discuss the matter earnestly before settling on $5 to $10 per month. They do not know their husband's income, so they cannot estimate what proportion they receive.

The meat they eat occasionally comes mostly from their own stock. They raise chickens, despite the constant menace from *tibandza*, killer-otters which live along the river banks. Each family eats about one chicken a month. There is a taboo against married women eating eggs laid by their own hens. LaMvila and LaGwayisa observe it, but sometimes they buy eggs at the shop. During Christmas when the men are home each family will slaughter one of their goats.

LaMvila's family owns about ten cows, but they are almost never used for food. To Swazis, cattle represent savings and investment. The cows maintain them-

James North is a freelance journalist based in southern Africa.

In Swaziland, many of the menfolk are away working in factories in town. So the women do all the farming and feed the family. Photo: Matheson/UNICEF

selves at no cost on the communal grazing lands, and increase in value. The family will occasionally sell one to meet major expenses, such as education or medical costs. LaMvila says that only once every five years or so will the family slaughter one of their own cows, in a religious ceremony during which they "talk with the ancestors."

Aside from water, the most common beverages are *mahewu*, a thin fermented porridge, and a thick beer made from sorghum. Both women brew the beer and sell it to their neighbours. Several of the homesteads scattered about on the surrounding hillsides display white banners —the signal that fresh beer is on sale. The two women reckon they spend about $4 a week to buy the sorghum, on which they can earn up to $2 profit.

In years past, people in Luve grew their own sorghum. But the crop requires many children on sentinel duty in the fields to drive away birds: LaGwayisa lists more than six different species of winged predators. These days, many parents send their children to school. As one result, less sorghum is grown.

The basic rural Swazi diet provides considerable nutritional value for such low cost. Ms. Abeba Gobezie, an FAO nutritionist at the University of Swaziland, thinks that malnutrition is less prevalent here than further north in Africa, even though there has been no systematic national survey since 1962. The basic diet is remarkably comprehensive, and research is underway into the nutritional properties of the wild greens, which are often disdained by town-dwellers.

Protein is sometimes lacking in the rural areas. The major source is *jugo* beans, and to a lesser extent peanuts, supplemented only occasionally by meat. Ms. Gobezie explains that Swazis sometimes sell their beans and peanuts for needed cash instead of eating them. Protein deficiency can cause kwashiorkor, which appears in children as swollen extremities, scanty hair and an irritable temperament.

The possible deficiencies in the diets of LaMvila, LaGwayisa and their families are due more to their poverty than to their lack of information. They certainly want to add to their present diet, which they find monotonous. But they lack the money for more and varied food. Nutrition education though doubtless of value, is no substitute for more income. This they could use to supplement the products of their own hard labour in the fields. □

Senegal

A family with 75 mouths to feed

At mealtimes in the household of the Fall family in the village of Thor, 75 people including a grandfather and two grandmothers sit down to eat. These older family members can remember the time when food was plentiful and when farming was different, before the drought. By ALKALY KABA.

Not more than 20 miles lies beteen Dakar and the village of Thor. On the scale of history, however, the distance is very great. Here we are truly in the heart of the Senegalese countryside. Yet in this village, as in many another African villages of today, are many disorganized concessions to modernity which the village cannot really yet afford. Square houses, for example, with corrugated tin roofs have replaced the traditional round huts thatched with straw.

In Thor village, the satisfaction of the need to eat is a highly social activity. The first meal of the day is at sunrise. At 6 am in the compound of the Fall family, adults and children hurriedly complete their morning ablutions, before sitting down to breakfast together. One dish is set on the ground for the children aged between eight and 13. On the far side of the compound, married women, older girls of 14 and 15, and the toddlers gather around two more dishes. A third group is formed by the men.

There is no counting the hands that dip into the *cous-cous*. To help my calculations, a young student on vacation from high school stands up and counts with his eyes. "There are 72 of us, plus yourselves, the visitors, making 75." His father gently disagrees. "You have forgotten the two grandmothers and your grandfather, who are too old to eat with us." There are, then, 75 mouths to feed in the Fall family of Thor. And in the dry season, fodder must also be found for the horse, the donkey, the sheep and goats, for vegetation becomes very sparse.

After breakfast all the adults and the children strong enough to work set out for the fields, which stretch away from the village as far as the eye can see. The soil here is sandy, and the crops are millet, manioc and peanuts—dry soil crops.

"Do you see, son?" asks the old grandfather. "Here when the soil promises much millet, the sky provides little water. That is called drought, and we all know what it does to our food supply. The *cous-cous* we ate this morning was cooked yesterday, in the same pot as last night's meal. We stretched it out. Ever since the drought settled in, it's been like this. Farming has changed."

Out in the fields people are hoeing. Far off among the peanuts the high school student is weeding with the long-handled hoe which he has not forgotten how to use. At noon, they break. Under the shade of a solitary mango tree, the boy's father talks about this year's crops. "This is now our third crop. In January we grew tomatoes, pumpkins, onions, peppers, carrots, turnips, cabbage and lettuce. In May and June we grew the same crops. We sold them to the city dealers. Now we grow millet, which we will keep, and manioc and peanuts, which we will mostly sell."

Alkaly Kaba is a journalist based in Thies, Senegal.

The foods they buy

The Fall family spends 90 per cent of the cash they earn on imported rice, peanut oil, sugar, canned tomatoes, and some tea, for which they have acquired a taste. They specially need the ingredients for preparing *thie bou dieun* (rice with fish) which has become Senegal's national dish, supplanting those based on nutritionally richer millet. They also buy a few aspirins and quinine, and soap.

At 3:30 pm when the children are weak with hunger, and even the adults are tiring, the Fall family returns home for their afternoon meal of *thie bou dieun*. In the middle of each dish is such a

In the Thor family, one dish is set on the ground for the children aged between eight and 13-years-old. Photo: Kaba

minute portion of fish and relish that it seems hardly possible for everyone to receive a taste. The meal quickly vanishes. After the meal the grandfather, grandmothers, three of their sons and two of the wives linger in the compound under the shade of a tree while the young high school student brews tea.

Gradually three generations of the family begin to talk. The child recites that he eats millet, rice, mangoes and as much wild fruit as he can gather. He also eats fish sometimes, he says, but he cannot remember how often in a year he is given meat. According to one of the grandmothers, the family eats meat on the three Moslem feast days: *Korite*, the feast at the end of fasting: *Tabaski*, the feast at the commemoration of Abraham's immolation of the ram miraculously sent by heaven to substitute for the sacrifice of his own son; and on the night of *Maouloud*, the celebration of the Prophet Mohammed's birth.

The grandmother continues: "When your father was your age, we ate meat every day, and he never wanted for milk or palm oil. There were, too, a great number of dishes prepared from millet whose names you have never even heard of. I am sure you do not even know the taste of honey, although your father enjoyed it often when he was your age. In those days we kept everything we harvested and fed the surplus to the animals. In turn we ate fine, tender meat. See how big and strong your father is." Stung by her comparison the son responds, but politely as custom demands. "Mother, times have changed and men change with them. The world, too, has changed. Sugar lumps can take the place of honey."

"That is where you are wrong," she replies. "The world is just the same as ever. We all come from Adam and Eve, and we remain the same human beings with the same needs. When we cease to satisfy these needs, little by little we fall apart. You surprise me when you say that sugar can replace honey. Can fish really replace meat without making the belly swell? Rice cannot replace the millet and maize we gave you. The many greens and wild fruits we used to mix in your food cannot be replaced with quinine pills and aspirin. You suffer a lot from constipation these days, which only occurs when people are ill-nourished. And your children have constant diarrhoea."

One of her sons blames the drought. They used to grow millet and maize in this region, and even rice, but now the lack of rain prevents them. It is becoming harder and harder to feed the livestock. "If the world has not changed, nor the men in the world, then nature has changed—anyway in the neighbourhood of Thor village." The grandfather begins to smile and reminisce about the past. In the perpetual struggle between man and nature, man is the conqueror, he believes. The young wife of one of the sons, who speaks French and is an active member of the village nutrition centre, as well as a midwife at the maternity clinic, believes keenly in progress. She cites the example of the nutrition centre and the benefits it provides for the children of the village.

As she speaks, the oldest woman of all the Fall family, the senior grandmother, passes her palm reflectively over her mouth and then tucks it under her chin. She is thinking deeply before speaking, for once loosed, neither a stone nor a word can be taken back.

Her grandchildren inspire pity in her, her children shame. These houses of cement and tin cost too much money—money that would be better spent on food. How can people till the soil and tend livestock, only to sell what they raise and buy unnecessary things? How could the men of Africa lose control of their lives to the point that they choose a diet clearly inferior to the diet they used to eat? She cannot accept that they must eat *cous-cous* night and morning and rice at mid-day. She cannot accept that the Fall family of Thor must eat tiny amounts of fish, rather than the meat, millet, palm oil, milk and the herbs and greens which they enjoyed in the past. She cannot accept that the Fall family of Thor is not able to provide adequately for their children.

As the discussion draws to a close, the feeling is that yesterday was better than today; that although people of the soil have always worked hard, today they work harder for less reward. "We need to extract the best we can from our dry soil in order to lead the best lives we can." □

What nutrition surveillance can and cannot do

The children of northeast Uganda bore the brunt of the 1980 famine. Since the worst of the suffering ended, a continuous programme of weighing and measuring has given early-warning signals about the children's nutritional condition. By COLE DODGE.

For the children of Kacheri, a village in northern Karamoja, food has been scarce for weeks. The village has no cattle to sell or barter for grain, no food reserves. Their only hope stands in the fields: a sorghum crop. But that depends on the rains and in this semi-arid region rain is unpredictable. With 20 per cent of Kacheri's children badly malnourished and the harvest not yet in, people are asking: "What does the future hold?"

To answer that question it is necessary to look at some of the underlying reasons why the fortunes of the Kacheri villagers have sunk so low. The devastating famine of 1980 in northern Uganda had multiple causes: the "cattle culture" of the Karamojong people, climatic conditions, their system of farming by hoe cultivation, inadequate administrative infrastructure, the disruption of trade, and the introduction of automatic weapons for traditional cattle raiding.

It was the children of Karamojong who bore the brunt of the famine, with an incredibly high infant mortality rate of 609 per 1,000 live births. Any consideration of what the future holds for the children of Kacheri and similar villages has to take account of all the factors which led to tragedy in the very recent past.

Uganda's extreme northeast is named for the Karamojong who inhibit the region. Karamoja is a large dry area, vegetated with scrub. It is ideally suited for cattle grazing and is only marginal for widespread farming.

The Karamojong are mong the most exotic peoples of Africa with a unique cultural tradition, language and social system. The region and the people have remained isolated from the development of Uganda, and consequently, from the perspective of the rest of the country, are underdeveloped and backward. To the outsider, Karamoja is another Siberia. But the Karamojong are a formidable people who perpetuate their tradition not passively, as an oppressed people, but aggressively.

In Karamoja, nutrition surveillance has ensured that food will help tide them over. But this is no answer for the long term. Photo: Katumba/UNICEF

Cole Dodge is UNICEF's *Representative in Uganda.*

The background to the famine

During the Amin years, the Ministry of Health and indeed all government administrative and social services were severely neglected. When the liberation war broke out in 1979 supplies were discontinued, communications broken and civil servants were not paid for months. Normal banking, postal and transport services came to a complete halt.

The military armory in Moroto, a

town in southern Karamoja, was looted of an estimated 2,000 automatic weapons and thousands of rounds of ammunition. The result was that the Karamojong became heavily armed which made internal travel dangerous, and further contributed to the collapse of services.

With attention focussed on political problems in the aftermath of Uganda's liberation, drought in remote Karamoja went unnoticed. Crop failure has a long history and is substantiated by agricultural records from 1924. But the Karamojong have always had a food security system which allowed them several fall back positions, thus avoiding full-scale famine during years of crop failure: reliance on milk, blood and meat from their livestock, the trade of cattle to neighbouring districts for grain, internal commerce of surplus grain, and food distribution through local government administration.

The famine which shocked the world in mid 1980 caught everyone off guard. Voluntary agencies flew in relief teams and emergency supplies to meet urgent food and medical requirements and by early 1981, levels of mortality and malnutrition were once again under control. The 1981 harvest season was not until August/September, and the relief programme was therefore extended. These early relief efforts were dominated by voluntary and UN agencies with little direct government involvement.

Given the precarious food situation, a nutrition monitoring programming was initiated in September 1981, as a meaningful transition from relief feeding to surveillance. Its main purpose is to monitor the nutritional status of young children to detect any increase in undernutrition. This is used to influence food policy and determine types of nutritional intervention for the prevention of famine and starvation.

The programme underway

Capturing the residual momentum and the positive aspects of the Karamoja relief operation to provide long-term benefits to the Karamojong was the principle which brought Save the Children Fund, CONCERN, Medicins san Frontieres and UNICEF together to assist the Ministry of Health. Utilizing food from the World Food Programme and the network of voluntary agency health clinics and feeding centres, a pre-mixed dry ration of maize, oil and dried skim milk powder is regularly provided to undernourished children.

These children are weighed when the food rations are given out and measured on a weight for height chart to determine their nutritional status. The modest food supplement is provided for three months, or for longer if the child has not gained weight. All children brought to the centres are weighed and the number of newcomers and re-attendants provides the main monitoring basis for the surveillance programme.

In addition, surveys of children not taking part in the dry ration scheme are periodically undertaken, especially if food shortages are reported or the number of newly admitted malnourished children in particular locality dramatically rises. Karamojong paramedics employed by the voluntary agencies and health assistants employed by the Ministry of Health have been given training in anthropometric (weight and height) measuring and the principles of basic nutrition, and they carry out the ongoing surveillance and surveys.

Results are reported every two weeks by two-way radio to UNICEF's nutrition advisor. These regular returns provide the basis for on-going comparison. Whenever a rise in the number of new attendants or a deterioration in those already enrolled is seen, immediate steps can be taken.

The recruitment of local Karamojong health workers into the scheme was accelerated by the withdrawal of voluntary agency expatriate staff from many areas, due to the degree of insecurity in the countryside which made working conditions unsafe. Karamoja is sparsely populated and divided into five clan groups who frequently mount violent raids on one another resulting in killing, displacement of people and a threat to anyone caught in the path of the raiding party.

The premature withdrawal of experienced training personnel tended to increase, at least temporarily, the discrepancies and inconsistencies in the weighing and measuring. However, when results appeared to be inconsistent, rapid repeat surveys were undertaken among the children, and errors detected. Gradually, experience among all those involved is growing.

The most serious problem has been the uneven geographic coverage of the programme. Communications are extremely difficult because of poor roads, and the lack of bus and postal services. The population is transient, following the cattle herds from summer to winter pastures. Homes are built in small family units, not in concentrated villages.

In July 1982, an area not covered regularly by the programme was surveyed and there was found to be around 30 per cent malnutrition as compared to the less than five per cent expected. Emergency feeding was established to cater for the children who were less than 80 per cent of expected weight for height; those less than 70 per cent were taken in to a feeding centre where they received meals specially cooked for them, designed to bring them back to health.

For the children of Kacheri, therefore, the answer to the question of what the future holds can only be provided on a short-term basis. Because of the surveillance programme, food assistance has arrived to help tide them over until the next harvest is reaped. This will have to be the pattern—surveillance, survey, and supplement—until the Karamojong can either re-establish their traditional food security system or invent a new one —based most likely, on farming and resettlement more than on livestock and the pastoral life.

The Karamojong's nutritional problems cannot be resolved in the longer term without providing food security, and this in turn depends on the economic and administrative predicaments of Karamoja: the cattle raiding, a tradition made vicious by the use of automatic weapons, and the breakdown of markets and trade; and the collapse of every kind of service including veterinary, health, agricultural, and law enforcement.

Such problems are beyond the scope of a single agency or a single government ministry, and will take many years to resolve. It was therefore essential in the immediate circumstances to establish a nutrition surveillance programme in Karamoja. Despite the limitations of the programme, it does meet the needs of children like those in Kacheri. It also provokes an awareness of nutrition, and—whenever emergency feeding is resumed —of the need for a food security strategy for the future. It also provides evidence to the government, and those providing the government with assistance, that long-term answers to the question of what the future holds are badly needed, and have yet to emerge. □

South Korea

A new era in Chil Won Li

Profound changes have taken place in Chil Won Li village. Rice production is up, summer fruits and vegetables are being preserved and some people even believe that "a clever daughter is better than ten sons." By ELIZABETH BOWNE

Nestled in a valley between rolling hills, about 90 kilometres south of Seoul, the village of Chil Won Li was founded by seven families about 200 years ago. But in the past ten years it has experienced its most profound change, as a huge poster at the entrance of the nutrition centre reminds its people.

Selected as a pilot village in 1972 for the Applied Nutrition Project run by the Office of Rural Development, the people of Chil Won Li have worked together closely, gaining in confidence, and proving what can happen when motivation is high and a little help is forthcoming.

All their old mud huts and thatched roofs have disappeared, replaced by stronger houses for the 48 families. Rice production is up, thanks to the response of the farmers to the agricultural extension workers' advice and encouragement. The sign on the front of the brick community building says: "**New era**," and everything happening there is done in that spirit.

Lee Soon Hi, an energetic kindly woman, trained as a village leader, meets with the mothers who come to learn how to care better for their families. Breastfeeding is encouraged and nutritious weaning foods replace the low energy ones commonly used. Birth control is discussed as are the advantages of a one- or two-child family. One slogan: "A clever daughter is better than ten sons," has become popular, especially among women, and even many men acknowledge it with a nod and a smile.

Elizabeth Bowne is a freelance journalist who recently visited Korea.

When the women of Chil Won Li gather around the table in the large kitchen of their nutrition centre, they bring a spirit of adventure and co-operation. They sew clothes for their families or make sun hats to wear when they work in the fields. Sometimes they ponder sanitation problems or ways to improve their kitchens. Most have screened cabinets to protect the cooked food, brick stoves and a large closet for the storage of the dried rice stalks they use for fuel.

"Now most homes have piped water, to a faucet in the kitchen, or—in the poorer homes—to a handpump outside the door." ICEF 9237/Bowne

All are interested in food and new ideas for preserving or preparing it. Eagerly they attend the demonstrations on how to preserve summer foods for use in the winter. Lee Soon Hi points out the glass cabinet on one wall that is filled with jars of peaches, berries and tomatoes. Women bring their fruits and vegetables and make preserves with the centre's utensils and equipment, some of which has been furnished by UNICEF. They take home part of the finished products and leave the rest for use at the centre.

During the main farming season all the workers gather there for a daily meal which the women prepare and serve. This saves time and assures that everyone receives proper nourishment.

One of their major concerns is the nutrition of the 45 village children, aged four to six, who attend the preschool. Detailed records are kept of each child's growth rate as well as accurate information on what each one eats. Mothers take turns as volunteer helpers and learn the importance of all the basic food groups as they prepare lunch for the children, making certain that along with the starches, milk, eggs, vegetables and fruits are included on a regular basis.

Meat is very expensive in Korea as the hilly terrain is difficult to ranch and the low flat lands are traditionally flooded for use as large rice paddies. But the Korean Rural Nutrition Institute, opened in 1979, is coming up with some helpful ideas for additional protein from soybeans, barley, peanuts and *perila* (wild sesame). With lab equipment furnished by UNICEF, the staff are experimenting with 788 food items, including various flours blended for better nutrition and flavour.

With the aid of 800 volunteer workers

and 12 nutrition vans the Institute is running a programme out in selected villages to show the people how to diversify gardening (tomatoes are relatively new) and balance their diets by adding other foods to their rice dishes. They also talk about the proper storage of food and grains so as to protect them from insects, and ways of saving the extra garlic, chestnuts, apples and pears past the summer season with polyethylene film, so that good nutrition can be continued throughout the winter.

Contests are held for the most nourishing new recipes. As the women strive for appealing appearance, fine quality and innovations, new food ideas become acceptable and widely duplicated. The Office of Rural Development in Suweon has also devised teaching materials to make the concept of better health attractive to children. Even Snow White and the Seven Dwarfs are used to carry a message.

Convinced that along with health care and adequate diet, early childhood development must also include a stimulating environment, the families at Chil Won Li have installed swings, slides and a variety of excellent playground equipment in a neat courtyard at the nutrition centre. For use on cold or rainy days a large room inside contains books, games, toys and rocking and climbing apparatus.

Not far from the centre, schoolgirls stop for a drink at the village spring, where the crystal clear water is capped and enclosed and tested regularly for purity. The overflow is used in a series of tiled tubs for the local laundry.

Every family is encouraged to keep a few cows and chickens, plant fruit trees and raise rabbits. Now most homes have piped water, either to a faucet in the kitchen or at least a hand pump outside the door. All the houses have electricity and some have refrigerators. Everyone seems to make improvements whenever possible. A sign on a wall in one home said, in English: "Never put off until tomorrow what you can do today."

Standing under a persimmon tree, Michael Park, public health nutritionist and programme officer for UNICEF nods his approval as he says, "Already 1847 villages are involved in nutrition education." But then he adds resolutely, "Still we have a long way to go, for we have 35,000 villages in Korea. We hope that someday they shall all be reached." □

Central African Republic

Proud to be a fish farmer

Over 6,000 farmers in Central African Republic have embarked on a new food production venture: farming fish. It's providing food and also bringing them in some money. By MAGGIE MURRAY-LEE.

Joseph Boulanda, 60-year-old Chief of the village of Abandaka in the Basse-Kotto district of the Central African Republic, led the way athletically down a slippery path through the coffee plantation. The bushes grew higher and the going got harder, and there, suddenly, was a series of small ponds, neatly interlinked by their narrow embankments, serving as precarious pathways from one to another.

Like the overwhelming majority of his countrymen, Chief Boulanda is a farmer, but apart from his fields of coffee, cotton, tapioca and ground-nuts, he is also the proud possessor of a fishpond. "We have nine in the village so far," he says. "But we would build more if we could get a wheelbarrow and some more tools."

His pond measures 100 square metres, and has sloping sides so that the banks won't cave in. It is fed from a stream, through a grid that keeps out voracious species. A bamboo pipe assures the flow of water from one pond to the next, and maintains the correct level.

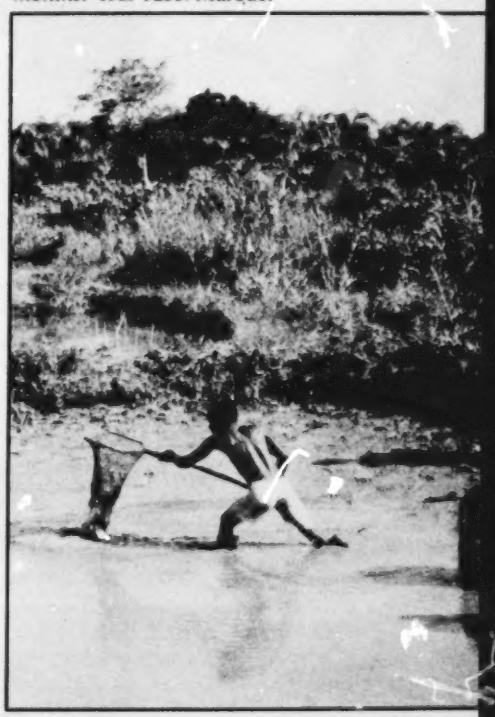
A corner of Chief Boulanda's pond, fenced off with bamboo stakes, is reserved for compost: alternate layers of manure, cotton seed, rotten fruit, tapioca sheddings and straw. He adds a bucket of animal droppings every week to keep up the plankton content, regularly cleans the sides of the pond, cuts away the grass, and clears the water of excess vegetation. Once a day he throws in food: termites, tapioca or papaya leaves, crushed cotton seeds, unwanted offal, rotten fruit, and—even better—meal, if he has any.

Maggie Murray-Lee is an Information Officer based in UNICEF's *Abidjan office.*

The object of all this care and attention is the easy-to-breed, good-to-eat *tilapia nilotica,* widely used in fish farming schemes throughout the developing world.

Chief Boulanda is a model beneficiary of a joint FAO/UNDP/UNICEF fish farming project, which has been operating on a national scale in collaboration with the Ministry of Water Supply and Forestry

"If Chief Boulanda can keep out poachers, and discourage family members from fishing too early, he can harvest 18 kg. of fish in six months." ICEF 9233/Marquet



since 1972. Fish farming was first started in the Central African Republic during the colonial period, in 1952. After a spectacular boom until 1959, it slumped suddenly when inadequate techniques and feeble productivity rates left the farmers disappointed.

The present programme has been developed in ten of the country's 14 districts where there is a regular water supply and the people are used to eating fish. The operation, right down to village level, is organized by three regional stations and a network of 17 relay posts. The three stations also carry out the training of monitors and extension workers.

The project is primarily financed by UNDP. UNICEF's involvement since 1976 has been crucial in helping to expand the programme by financing training courses, and providing transport and basic equipment for breeding stations and farmers alike.

The avant-garde fish farmers

The 89 extension workers in the country are in fact "avant-garde" fish farmers who have been specially chosen to receive a few weeks' training in the main stations. They receive a monthly allowance of 8000 francs CFA (around US$27) from UNICEF, as well as their own bicycle. They encourage and advise would-be fish farmers within a 10 km radius of their home.

The monitors, presently numbering 20, whose more technical education is also financed by UNICEF, are civil servants employed by the Ministry. They will eventually become key elements in the government's rural development programme.

The stations' main function is to breed fingerlings and supply them to the farmers. Altogether the farmers have a production potential of 34 tonnes of fish a year, of which four tonnes are fingerlings: the rest are adult fish, marketed at favourable prices. The stations transport the fingerlings to the farmers, using converted PVC oil drums with an electrically driven aerator on top which keeps the oxygen circulating. The oil drum is carried—as gently as possible so as to keep losses to a minimum—on a UNICEF landrover pick-up. The farmers, who have previously placed their orders with monitors or extension workers, buy the fingerlings at the village or market-place, where they are weighed and poured into the waiting farmer's bucket of water.

When well fed, it takes six to seven months for the *tilapia nilotica* to reach edible size. At the end of this time it will weigh about 100 grams and measure about 15 centimetres. If Chief Boulanda can keep out poachers—the farmers' greatest scourge—and discourage family members from fishing too early, Chief Boulanda can produce about 18 kg of fish in six months. Then he drains his pond, separates the fingerlings, sells some to other farmers and keeps the rest to restock his pond. The adult fish that he and his family cannot eat is sold in the village or at the market, giving him a much-needed added source of income.

Since the villagers of Abandaka empty their ponds on a carefully worked out rotation basis, there is almost always fish to be had in the village. What is more, by keeping their own fingerlings, the nine farmers have become completely independent, at least as far as the fish are concerned. Not all farmers, however, are able to do this and continue to rely on the central stations for replenishment.

A sty full of contented pigs

One of the aims of the present project is for the main stations to become self-supporting by 1984. According to an economic study carried out for the purpose, the station in Bangui, the capital, should achieve this goal at the end of 1983. By then it should be able, with production ponds covering seven hectares, to produce annually over 20 tonnes of fish. An important role is played by a sty full of fat and contented pigs, as well as a flock of Peking ducks. Waste matter swilled down from the sties or dropped from the ducks' perches above the ponds keeps the water fertilized, while the revenue brought from their sale contributes to the running of the stations.

So far, this experiment looks promising. After three months the 70 pigs at one station, combined with 150 kg of *tilapia nilotica* in 48 *ares* (4,800 sq. metres) of water, gave a yield of over 2,200 kg of pork and 580 kg of fish, without the fish having received any supplementary food.

From a total of about 4,700 fish farmers in the country in 1979, the number has increased today to nearly 6,500. The FAO estimates the fish farmers' total production for 1981 at over 100 tonnes—an encouraging result.

To measure the project's importance, however, it is necessary to bear in mind the backdrop of the people's social and economic situation. When the regime that devastated the country for 14 years finally fell in 1979, the economic structure and social services were in total disarray. Commerce had almost ceased; markets were empty; health centres and schools were closed down. Protein-calorie malnutrition was widespread among children, and is still prevalent today. The farmers, who form the backbone of the country, had been left to fend for themselves for years, without support in agriculture or marketing.

Besides the obvious advantages of increasing the families' protein intake, fish farming also provides them with a means of earning an income. Plans are under way to set up a credit system for fish farmers, particularly on the outskirts of the towns where they have immediate access to markets. This in turn will provide more fish to people in urban areas who cannot produce or catch fish themselves.

In the short space of time since the fish farming programme moved into high gear, there has not yet been time to measure scientifically its nutritional impact on the farmers' families. UNICEF is planning to carry out a survey soon. In the meantime, perhaps the greatest achievement of the project, as shown by Chief Boulanda's example, is that it has given a sense of purpose to the farmers. It has restored their pride, and lent them confidence in the future. □

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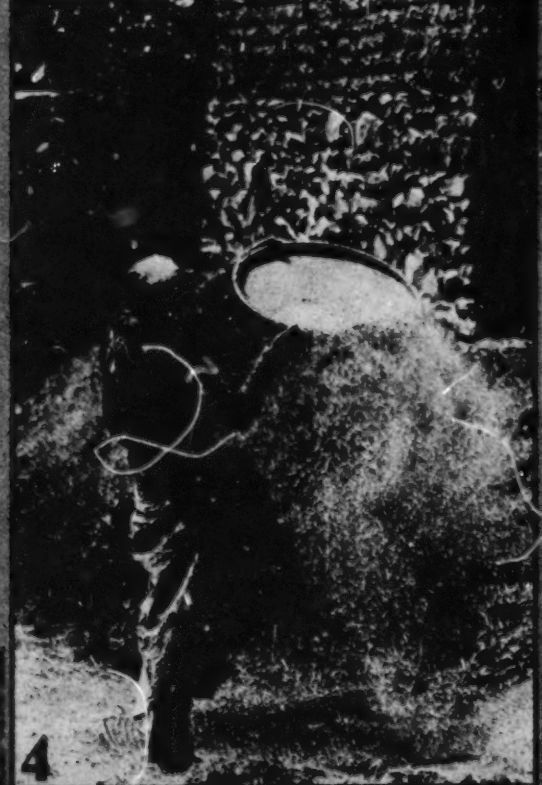
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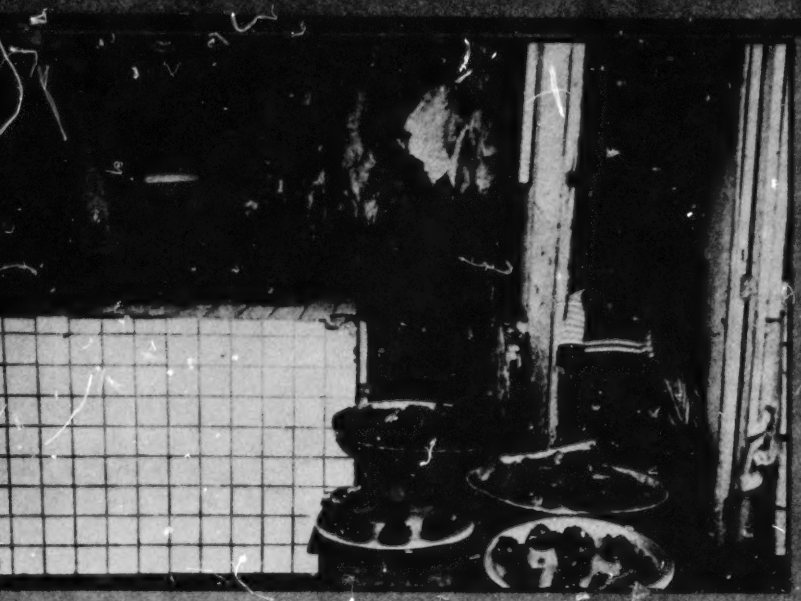

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Where food is the light of life

Mayor Hernandez of Hagonoy gave his endorsement to the launching of the *Ilaw ng Buhay* movement in his municipality in 1978. Within a year, child malnutrition had dramatically dropped. Now the volunteer Ilaw chapters continue the good work. By NESTOR PESTELOS and VICTOR JOSE PENARANDA.

Vivian Angaya was born and raised in Hagonoy, a municipality of Davao Del Sur province. She is 21-years-old, the daughter of peasant migrants.

Married at the early age of 18, she has remained childless by choice so that she can devote more time to her work as an *Ilaw ng Buhay* (light of life) volunteer. She lives in Clib, a village in the remote hill areas of Hagonoy. Very few outsiders venture a trip to Clib unless there is urgent business awaiting them.

There are no public vehicles servicing the *barangay*–neighbourhood–directly. The route is rugged, an ordeal for both man and machine. The few motorized tricycles make regular runs only on Sundays, but stop short at the river where a rusted bridge crumbles helplessly between two oases of solid ground. The people consider the transportation fare a luxury.

Barangay Clib has a total of 92 families. When the Ilaw ng Buhay movement began in Hagonoy, Vivian was appointed as local development volunteer. Her principal task is to co-ordinate activities between Clib and the government units assigned to deliver services to the people. Four years later, she also holds the volunteer positions of barangay supply point officer of the Population Commission and barangay health volunteer of the Ministry of Health.

Nestor Pestelos and Victor Jose Penaranda work with Project Compassion in Manila.

The price of illusions is too high

Vivian considers her work her calling. She is in no way discouraged by the fact that her formal education stopped at secondary school. She recalls that in the Ilaw training programmes it was pointed out that a person who learns to toil the land out of necessity is as good a person as the one who is privileged to acquire a college degree. She can afford no illusions.

The people of Clib are mostly small landowners whose existence is marginal: their decisions are balanced at a fine point between life and death.

"When I became an Ilaw volunteer, there was one case of third degree malnutrition in the barangay," remembers Vivian. "Yes, only one," she repeated. The boy was in critical condition when she found him during a home visit. She rushed the patient to the general hospital in the neighbouring town of Digos, a good 20 kilometers away.

For three days and nights, Vivian stayed with the child in the hospital malnutrition ward, hoping to see some sudden sign of progress in the wizened body. On the fourth day, the parents came and insisted that they would be in a better position to take care of their own son. The child was brought home to Clib, their pride as parents secured.

In the weeks that followed, the parents refused any form of help from Vivian or anyone else. Four months later, the child died. His name was Apa; he was barely a year old.

Since then, Vivian has been more determined to work closely with the community, especially in monitoring the status of children in the village. In one assembly, she made a vow with the Ilaw members that no child in Clib would again suffer from third degree undernutrition. So far, they have been true to their word.

Working with fac

In a burst of temper, Mayor Bartolome Hernandez of Hagonoy once chided members of the municipal development council for developing plans that were merely meant to impress their bosses a national government level.

He challenged the technical people to make plans based on the real needs of the people. "I told them," he recounted, "that those who refuse to co-operate with the community are welcome to leave the municipality." Mayor Hernandez' no-nonsense style of administration has often aroused criticism. But he defends himself with facts.

In preparation for the Ilaw ng Buhay movement in Hagonoy in 1978, a community survey was conducted. The findings highlighted a number of pressing problems.

Of 4,200 pre-schoolers weighed that year, only 20 per cent were of normal nutritional status. Those who were severely undernourished belonged to low-income families and those with more than four children.

Infant and child mortality accounted for 38 per cent of deaths, mostly during the rainy months from diseases directly or indirectly attributable to undernutrition.

Despite high levels of food production, there were deficiencies in the daily recommended diet. The bulk of rice produced was exported out of the municipality, creating an artificial shortage during parts of the year.

Certain cultural practices and food habits contributed to the nutrition problem. Also the growth of local merchandizing, aided by mass media promotion, has accounted for a tremenous amount of virtually useless expenditure.

Marine and aquatic areas which serve as primary sources of fish-protein have become silted and polluted, causing chronic supply scarcity.

This set of information was submitted to Mayor Hernandez. Mainly on account of these problems, he promptly endorsed the immediate launching of Ilaw ng Buhay in Hagonoy. The local government allocated funds and established feeding centres in all barangays. Food commodities were provided by the Ministry of Social Services and Development

Women in the barangays took turns in preparing the meals. They soon began to contribute produce from their kitchen gardens when they saw that the children got bored with the usual donated food. The utensils were acquired from a fund-raising contest sponsored by the newly-organized Ilaw Municipal Association. At the height of the campaign in 1979, a total of 14 barangay feeding centres gave assistance to 972 undernourished children for 67 days.

In less than a year of intensive campaign, the municipality reduced malnutrition cases significantly: from 2,058 cases of mild undernutrition to 1,915; from 702 cases of moderate undernutrition to 568; and from 62 cases of severe undernutrition to 35.

In subsequent activities for community volunteers and leaders, skills in monitoring and evaluation are imparted. To keep local government abreast with community conditions, a municipal data bank was established using survey findings acquired by Ilaw members.

Mayor Hernandez claims that the data bank facilitates the integration of services: technical agencies have only to refer to one set of information. The Mayor has seen to it that the data bank is located in a room facing the government census and statistics office.

The Ilaw ng Buhay movement follows a process in each community whereby, in stages, the community acquires heightened awareness of its own needs, improves its capacity for problem solving, and establishes a system of collective planning and action which includes interaction with government services.

Project Compassion (PROCOM), a non-government entity, helps activate the process. A full-time field person in Hagonoy acts as a consultant to local government and community organization, principally in the field of training. With the assistance of UNICEF, various training activities have been conducted for the entire municipality.

James Paul Manulat was a third-degree malnutrition case. His mother sought help from the Ilaw leader. Now the boy is well again. Photo: UNICEF/Manila

Premium on training

After the data-gathering phase, a social development seminar was conducted. The survey findings were presented to technical agency representatives, municipal councillors, barangay captains, and leaders of religious and civic organizations.

Mayor Hernandez and the PROCOM team also conducted a two-day orientation and consultative meeting with some 120 extension workers, teachers, and professionals who live and work in the barangay.

To develop the local training capability, 28 volunteer trainers were recruited, and activities were also held for the barangay development volunteers who provide vital linkage between the Ilaw community organizations and local government extension services. A total of 22 development volunteers were appointed by the mayor, one for each barangay.

Family Ilaw Training (FIT) classes were conducted in Hagonoy for family heads and adult members of the family from August 1978 to April 1979. During the three-night activity, participants are motivated to devise simple measures which the family can undertake to solve their problem. On the final night of the course, each group of approximately 60 participants held a special celebration, and organized itself into a chapter of Ilaw ng Buhay.

Inside a schoolhouse, barangay chairman George Balutakay struck a match to the torch as the Ilaw ng Buhay theme song drifted from a chorus in the adjoining classroom. Then one by one the chapter presidents of the barangay moved up front with the candles in hand to acquire the flame from the torch.

The flame symbolizes a bond. In Ilaw ng Buhay, the symbol is associated with the person who seeks knowledge and guidance in bringing about beneficial change to family and community. Each time the rite is performed, the participants renew a collective commitment.

The occasion was the closing of the training course for the barangay chapter officers—fishermen, teachers, retired professionals and housewives. For four days, they underwent rigorous drills of planning, management and leadership.

A patriotic song followed the candle-lighting ceremony. And the new chapter then embarked on its existence by electing its officers for a two-year period.

Our children are not for sale

Natividad Viran is 33-years-old, married with three children living in barangay Guihing. Her husband works as a driver. She has been re-elected twice as president of Ilaw chapter 15-A. The chapter is composed of 39 households, most of them migrant families from

nearby towns who came to work in the two agro-business corporations in Guihing.

Barangay Guihing is special to the people of Hagonoy. It has the highest concentration of people in the municipality and the highest annual income among all the other barangays. It has its own bus terminal, market and piped water system. But Guihing also holds the distinction of having the highest number of moderately and severely undernourished children; the highest incidence of school drop-outs; and unemployed out-of-school youths.

It was under these conditions that Mrs. Viran became the Ilaw leader. Before the feeding programme was initiated by the local goverment, the mothers in her chapter used to make sarcastic remarks about her involvement in the weighing of children. "You don't have food to give," they said, "so why weigh our children? You act like market vendors. Our children are not for sale."

This bothered Mrs. Viran, until she found herself working for the rehabilitation of third degree malnourished children. Her first accomplishment was the child of her neighbour, James Paul Manulat.

James was a third degree case at one-year-old. His mother was not able to breastfeed him since he was a menopausal baby. After attending the family Ilaw training, Carmen Manulat, the mother, sought Mrs. Viran's assistance. Mrs. Viran accompanied her to the Barangay health station where James was dewormed and given a months supply of vitamins.

The mothers in the chapter took turns cooking for the child during his supplementary feeding phase, and Mrs. Manulat learned in the process the proper preparation of nutritious food. A midwife visited James once a month.

After six months, the child improved to second degree then to first degree in one year. Now James Paul, four-years-old, is completely rehabilitated.

Early in 1981, Mayor Hernandez ordered the abolition of feeding from all centres in Hagonoy. This places more responsibility on the Ilaw chapters. But both Mayor Hernandez and the chapters themselves believe that their results, and examples like the case of James Paul, show that they are ready to handle it. Ilaw ng Buhay is truly bringing the "light of life." □

Kenya

Family life centres: help or hindrance?

Nutrition Rehabilitation Units, or Family Life Training Centres as they are called in Kenya, are familiar institutions in many parts of the developing world. Mothers with severely malnourished children are referred there to participate in their children's recovery, and theoretically to learn how to avoid malnutrition in the future. Do they work? Apparently, not very well. By JOHN MADELEY.

At Kirinyaga Family Life Training Centre, children recover nutritional lost ground. But sometimes only temporarily. UNICEF 9239/ Madeley

Forty year old Enis Gatunju recently spent three weeks at a Kenyan government Family Life Training Centre near Kirinyaga in central Kenya. Mrs. Gatunju came to the centre with four of her seven children, because her family had a hygiene problem: the children suffered from jiggers, an irritating bugs-beneath-the-skin infection.

At the Kirinyaga centre, which is supported by UNICEF, Mrs. Gatunju was helped to realise how personal hygiene and clothes washing, plus keeping her house clean, could defeat jiggers. The family have a water pump within 200 yards of their home, and on returning there, Mrs. Gatunju should be able to keep jiggers at bay. For Mrs. Gatunju and her family, the centre has helped.

But for 45-year-old Micere Njege, who stayed at the centre with her 13-month-old youngest child for about three months, it is likely to be a different story.

Mrs. Njege's child has a nutritional problem: kwashiorkor. The family's diet consists mainly of *ugali* (maize porridge) and beans, but not milk. Her family has a small plot of land on which they grow their own food; but they have virtually no money, and certainly none for milk.

At Kirinyaga, Mrs. Njege was told about the importance of a balanced diet and of how to use the foods that were available to her in the best possible way. Staff at the centre were aware of Mrs. Njege's economic circumstances and they knew that they could not suggest a diet that Mrs. Njege could not afford.

But the constraints are very real. Mrs. Njege's problem is not so much the make-up of her family's diet, but rather the lack of food overall. When she left Kirinyaga she probably knew about what causes malnutrition, but she still does not have the economic means to deal with it. On returning home, Mrs. Njege will still be unable to buy milk for her children. Her stay at Kirinyaga could not have been expected to help the family overcome their most pressing nutritional problem: lack of money.

John Madeley is a journalist specializing in development issues.

A temporary rest period

Family Life Centres, of which there are a number in Kenya (41 are planned), are bringing permanent benefits to some families, such as the Gatunjus, but offer only a temporary rest period for others like the Njeges. The aim of the centres, as stated by the Kenyan government, is: "to provide an educational programme for those families in the community who for various reasons have not been able to maintain a healthy and productive life for all their members." The centres are normally staffed by a supervisor, assistant supervisor and one or two housemothers; the staff are usually professionally trained in the field of health care, nutrition, social work and adult education.

In practice mothers come to the centre for a variety of reasons (although they are called *Family* Life Centres, fathers are not catered for). Mothers whose children have become ill or weak through malnutrition are referred to the centres by social workers, health workers, and others responsible for trying to improve life in their communities. Sometimes mothers come to the centres on their own initiative.

As education centres they are able to help families like the Gatunjus. The knowledge that Mrs. Gatunju received at the centre was, for her, the crucial link in the chain that would give her children a chance of better health. Also of education: because of the jiggers, Mrs. Gatunju's school-age children had not been able to go to school before they came to Kirinyaga Centre.

The centres cannot however really cope adequately with most families' nutrition problems. "One aim of the work of the centres," says the government training guide, "is to help mothers understand how and why malnutrition harms their children." Such understanding is always useful, but it may seem irrelevant to mothers who cannot grow or afford the food they need. The guide itself contains the very reason why the centres are of little value: "Unless the home situation is improved," it says "it is clear that the stay at the centre will not make a difference in the lives of the mothers and their families."

As the home situation is unlikely to improve more than marginally for the nutrition "problem" family, the question has to be asked as to whether scarce resources should be used for nutrition units or whether resources could be more effectively deployed elsewhere, particularly at community level.

Enis Gatunju and her four children at the centre. With luck there will be no more jiggers when they go home. ICEF 9226/Madeley

Follow-up: some disturbing findings

In many developing countries, Family Life Centres dealing only with nutritional problems are known as nutrition rehabilitation units, or simply nutrition units. Whilst it is not easy to fit together a comprehensive picture of the follow-up that has been done on families who have stayed at these units, some research has discovered disturbing facts.

Dr. Francis Shattock of the Department of International Community Health at the Liverpool (England) School of Tropical Medicine, discovered that many of the children who had stayed at two nutritional units in Zambia had again become victims of malnutrition after returning home. Some had subsequently died because of diseases associated with not eating enough.

Startling figures have also come from South Africa. Dr. Shattock says that many of the children who stayed at one nutrition unit are now dead. They died, not from malnutrition, but from diarrhoea. "This points to the need to give health education in the units," he believes.

There may be a case for scrapping nutrition units and switching resources to improving health services at community level. Such services are often very underdeveloped. "Some three quarters of the population are still out of reach of proper health facilities" say UNICEF, speaking of Kenya; "...there will have to be a shift in emphasis away from expensive clinical or curative health services which have devoured the greater proportion of funds in the past." Nutrition rehabilitation units are principally curative, even if they seize the moment for some educational preventive action.

If more funds were given for community-based health and nutrition schemes to prevent problems from arising, this would mean that fewer families would need to go outside their community for help. "The burden should be on village health workers," believes Dr. Shattock, "who could help to stop problems arising."

It would not be easy for any community based health scheme or institution to help people like Mrs. Njege to overcome their problems. Only a vigorous revitalization of the economy of her village, and of agriculture in Kenya generally, could create the underlying conditions that would offer her the prospect of any real improvement. But community services could not only help prevent problems from arising, but deal with them on the spot.

The greater part of the population of most developing countries consists of young parents and children, many of whom are in a weak and vulnerable position. Developing more resources to help them in their community to prevent serious malnutrition is likely to involve overall schemes of village development, including health, education and the generation of additional economic activity. Prevention is always better than cure—especially if the cure does not work. □

Eating the food that is lawful and good

Most of the people of Indonesia are Muslim. If they are to take to heart injunctions about good nutrition, the religious leaders have an important role to play. DARADJAT NATANAGARA reports on the activities of Islamic preachers in Bandung, who have begun systematically to include nutrition messages in their discourses concerning the prophet Muhammad.

Buchori Muslim is relatively young for a Muslim preacher. At 30-years-old, he is still pursuing graduate studies in Islamic Education. But when he addresses his fellow Muslims, he is a leader—and the people listen.

Mr. and Mrs. Jaswar, 37 and 33-years-old respectively, have both undertaken the pilgrimage to the holy city of Mecca: both carry the title "Haji." Mr. Jaswar is the vice-chairman of the local administrative unit; his wife conducts Qur'an recital classes. They are active and respected members of their community.

Mohammad Sumarna, 44-years-old, is the chairman of the local Mosque Council. He is responsible for religious activities in his community, organizing the Friday community prayers, religious commemorations, and Qur'an recital classes. Members of the community often come to him to discuss their problems.

These four religious leaders live in Bandung, Indonesia. In their almost totally Muslim communities, the messages they convey in their discourses speak of the pursuit of a good, clean life blessed by Allah, the one true God.

But recently, they have also begun to speak about family welfare and good health practices—particularly the kind of food that people should eat. Buchori Muslim, the Jaswars and Mohammad Sumarna are part of a growing number of religious leaders now supporting the nutrition improvement programme in Indonesia.

The nutritional problems in Indonesia are serious. Thirty per cent of children under five years of age suffer from various degrees of protein-calorie malnutrition. More than 100,000 pre-school children go blind annually due to vitamin A deficiency. Forty per cent of pre-school children, 30 per cent of school children and 70 per cent of pregnant women suffer from nutritional anaemia caused by iron deficiency. With a population of 150 million, of which 40 per cent are children, this situation represents problems of major proportions. These problems are caused—and aggravated—by ignorance, and harmful beliefs and traditions.

The Family Nutrition Improvement Programme, more commonly known by its Indonesian acronym UPGK, is an inter-departmental approach to nutrition prevention and intervention, developed by the Indonesian government with UNICEF assistance. It involves the monthly weighing of children under five-years-old; supplementary feeding for undernourished children with the kinds of food that should be consumed; nutritional first aid comprising vitamin A capsules, iron folate tablets and oralyte sachets; food production in home gardens and by the raising of small animals and fish; information and guidance on proper food choices; and, as a last resort for the severely malnourished, referral to health services. All these nutrition activities depend to a large degree on community participation.

Natural motivators

In a religious society like Indonesia, where almost 90 per cent of the people are Muslims, activities which require strong

At Al-Amin mosque, Buchori Muslim speaks of the need to monitor the nutritional status of children through monthly weighing. ICEF 9235/Natanagara

Dardjat Natanagara is UNICEF's Information Officer in Jakarta.

community participation fit well with the role of the Islamic leaders.

The Indonesian word for nutrition, *gizi*, is derived from the Arabic word *gidza* meaning food. A UNICEF-financed study conducted by noted Islamic scholars found numerous references to nutrition in the Holy Qur'an and Al-Hadits, the discourses of Prophet Muhammad as related by his disciples. This culminated in a publication on "Islamic Views about Nutrition."

There are 100 verses on the Holy Qur'an which refer to food and nutrition. These verses give general instructions, such as: enjoy and partake of food and beverages as gifts of God (Surah Al-Bagarah, verse 60); limit yourself to good and lawful food and drink, partaken modestly (Surah Al-Bagarah, verse 168); consider the balance between the need and availability of food (Surah Al-A'raf, verse 31), breastfeed babies for two whole years (Surah Al-Bagarah, verse 233). Guidelines on food and nutrition are also abundant in the Al-Hadits.

With such rich references, Islamic leaders are natural motivators to encourage good nutrition. The Department of Religion has therefore been integrated—along with Health, Agriculture and the National Family Planning Board—into the UPGK scheme. The role of religious leaders is to motivate and encourage families to join in nutrition improvement activities and help ensure the continuity of the programme.

To enable the Islamic leaders to undertake this responsibility, they are provided with knowledge and skills related to nutrition and family welfare in general, through learning groups established by the sub-district (*Kecamatan*) level Religious Affairs Office.

During the 15 two-hour sessions, participants are taught about prevailing nutritional problems, Islamic teaching on nutrition, health, child growth and development, working procedures for community volunteers and religious leaders, and how to convey nutrition messages in discourses. These learning groups are organized with UNICEF financial assistance.

The target villages

After completing the learning group sessions, the Islamic leaders are expected to prepare a list of target villages, based on the extent of UPGK activities, religious activities and the potential community support. The religious leader must then draw up an activity plan, which is based on the problems and conditions of the concerned village. Visits to the village chief, and to agricultural and health officials, besides observation of the conditions of the village, will ensure maximum success.

Once every three months, a meeting is held by the Department of Religious Affairs for all religious leaders assisting the family nutrition improvement programme at the provincial level, to help the leaders discuss their experiences, refresh and further motivate them, and assist in improving future activities.

Buchori Muslim, the Jaswars and Mohammad Sumarna finished their learning a few months back. They have prepared the content of their discourses on the basis of all the information they have gathered.

At Al-Amin Mosque in the village of Sadang Serang, Buchori Muslim addresses about 200 women who have gathered for their Qur'an recital classes. He talks about the moral and physical needs for a family, referring to a verse in the Qur'an: "Do not leave this world and leave behind you children who are morally and physically deficient." He refers to another verse in the Qur'an to stress the need to eat the proper kinds of food: "Eat of the things God has provided for you which are lawful and good — *halalan thayyibah*." He follows up with the need to monitor the nutritional status of their children through monthly weighing of their children.

In the village of Lebak Gedeh, Jaswar observes the weighing of infants and discusses with some of the mothers the problems they face in maintaining their children's nutritional status. His wife—affectionately called by her neighbours *"Ibu Haji"* or Mother Haj—is busy recording the weights of the children on their growth charts.

Mohammad Sumarna has been a key element in establishing UPGK activities in his area. He gives special attention to newlyweds, who ten days before their wedding day have a frank discussion with him on motherhood and child-rearing, particularly on the need to ensure good nutrition during pregnancy and during the first five years of a child's life. He emphasizes the importance of breastfeeding, referring to a verse in the Qur'an: "The mother shall give such to their offspring for two whole years, those who desire to perfect their nursing period."

How successful are they in supporting the UPGK scheme? Dr. Aida Adi Subagio, Head of Nutrition of the Bandung Health Office, says that they are very effective as motivators, particularly in encouraging familes who, for one reason or another, otherwise refrain from joining nutrition improvement activities.

Buchori Muslim says that the number of participants in baby weighing in his area rose 60 per cent during the period he has been supporting the programme. Mohammad Sumarna can point to five mothers whom he has personally convinced to have their infants weighed. The Jaswars proudly report that in their village at least 90 per cent of all pre-school children are being regularly weighed.

In the Al-Hadits, it is related that the Prophet Muhammad once said: "Muslims are like a body of which the organs support each other; if a part is in pain, it is felt by the others as well." Islamic leaders in Indonesia are calling upon the people to maintain good nutrition, not only as individuals but also as a common responsibility. Through this, they point out, the people are obeying the will of Allah. □

Mr Dut adjusts the scale

A recent nutrition survey in Thailand revealed that in the "rice bowl of Asia," over half the children suffered from some degree of malnutrition. One way of tackling the problem is through village health workers such as Mr. Dut Detsantiah. By SUDCHIT BHINYOYING

Three-year-old Sucharee Wangmuangklang sat huddled beside her mother. Her dark brown eyes stole a furtive glance at other people as if fearing that her mother might any minute disappear into thin air.

Supote and Amnat Detsantiah, two and three-and-a-half years old respectively, played languidly and half-heartedly with the dirt and tiny pieces of gravel in front of them. They kept themselves away from other children, eyes downcast and the frailty of their bodies was noticeable even at some distance.

All around them under the shade of a spacious thatched-roof shed in Noan Chaeng village sat or squatted young children of various sizes, some with their mothers, others with wrinkled grandmothers or older sisters. In one corner of the room, a tall man with arms raised high dangled a denim bag with a screaming toddler inside it from a weighing scale. With the other hand he busily adjusted the scale to the proper weight measurement.

Mr. Dut Detsantiah had to work very hard today because it was Tuesday: the day scheduled both for group feeding and for the monthly weighing of children. As the village health volunteer assigned to take care of these tasks, Mr. Dut set out determinedly to do them well with the help of three health communicators.

He has definite views on the necessity of his tasks. "We have 39 children aged under five. A lot of them were found to be underweight at our first weighing on May 26 last year," recalled Mr. Dut, "the day that we also launched the weekly feeding schedule. It has been very well-attended ever since."

"In one corner of the room a tall man with arms raised high dangled a denim bag with a screaming toddler inside it." Photo: UNICEF/Sudchit

Mr. Dut received his training as a village health volunteer some three years ago. Recently, a nationwide nutrition surveillance programme in Thailand brought fourth the alarming fact that, despite the seeming fertility of the land known the world over as the "rice bowl of Asia," 53 per cent of the country's children within the age range from birth to five-years-old suffered from some degree of malnutrition.

Since then, more efforts have been poured in towards reducing the severity of the problem. Mr. Dut, whose village is in Nakhon Ratchasima Province, is one of the community health workers to get caught up in the programme. In the course of his village health duties, he had noticed that some children were smaller and thinner than they should be.

"Supote and Amnat are the sons of my brothers. I sensed from the beginning that there must be something wrong with these children because they seemed too tiny." Part of the problem is economic. "Our village has been plagued with severe drought for the third year running. The parents of these two kids could not farm their own land and had to travel far away in search of casual employment, taking the children along with them. Since the start of the programme, I have been able to persuade them to let the children stay here and their health has improved."

A recipe the mothers like

The formula for the supplementary food is based on locally available products. Rice, beans and sesame seeds are the three main ingredients. Roasted and ground into fine powder, the food is packed into sachets containing enough for a day's consumption by a small child. It is either given out free of charge if a family really cannot afford to pay for it or else sold at a minimal cost.

Young mothers take turns cooking this weekly meal, which is enjoyed not only by the youngsters but also by the mothers themselves. It is not uncommon to see mothers, after feeding their young charges, go back to the kitchen and

Sudchit Bhinyoying is a UNICEF Information Officer based in Bangkok

ask for a larger helping of food for themselves.

The task of bringing children back to their proper weight is an uphill one, Mr. Dut admits. Many problems still have to be overcome. "Some mothers cannot bring all their children to the feeding centre if they have more than two children under the age of five. Sometimes we send a neighbour to help bring the third or fourth child along. Parents who are away working outside the village also cause the absence of children from the feeding centre. Though we urge them to take along the supplementary food for their children to be served at home, sometimes they simply forget to give it to them." But despite obstacles and drawbacks, Mr. Dut is glad that many children in the village are beginning to look better and feel healthier.

The launching of the nationwide nutrition programme for children aged under five in Thailand has given rise to much satisfaction among those concerned. Dr. Kraisid Tantisirin, Assistant Professor at the Institute of Nutrition in Mahidol University, who has long been involved in nutrition studies and researches in Thailand, viewed as encouraging the integration of efforts from various sectors within the whole operation.

"For some years, we tried to find a concrete pattern in implementing this nutrition intervention programme through primary health care," he said. "But many of the activities were still vague, mostly taking an abstract form such as the provision of nutrition education or information."

The old-style approaches were inappropriate

"What we looked for were concrete village-level activities. We felt some old-style approaches, such as sending malnourished children to a rehabilitiation centre, were not appropriate. We should use more direct approaches."

Three years ago, the Institute of Nutrition of Mahidol University set up a research model to study the appropriate approach in northeastern Thailand. The research has helped to streamline various methods into the ones now being used.

"We settled for the most direct pattern: weighing the child, providing basic services to the child's family, promoting village food production and distribution, and giving nutrition education. Various concerned government sectors participate, including education, primary health care, agriculture, clean water and proper environmental sanitation. Each sector supports one another. Nobody goes it alone, as before. It seems that now we are indeed taking steps in the right direction."

"Some mothers cannot bring all their children to the feeding centre if they have more than two under the age of five." Photo: UNICEF/Sudchit

This process of eradicating malnutrition by co-operating among the various sectors is well in evidence back in the village of Ban Noan Chaeng. For example, an official from the agricultural extension department, Udom Waisoongnern—a very young and energetic man and a native of this part of Thailand—relentlessly urges the villagers to produce better and more nutritous crops.

Every feeding day, he meets with the housewives and young mothers and holds a brief session on how to increase their crop production and what would be suitable for cultivation at that time of year. He also distributes seeds and sometimes small chicks, ducklings, fish fingerlings and piglets as an incentive for the villagers to start producing high-protein food.

An official from the district health department, Noppadol Wabsantiah, and his assistant, Suthep Asantiah, provide support in the health aspects. Together with the village health volunteer and communicators, who take care of activities at village level including keeping the records of monthly weighing, they kept watchful eyes on the growth of children, the overall health of the young mothers and provide advice, medication, and encouragement.

The women of Ban Noan Chaeng have formed themselves into a housewives' group with Mrs. Lert Korngernkland as chairperson. At present, their activities are focussed on chicken raising, growing maize, beans, sesame and green leafy vegetables and experimenting with mulberry cultivation. The 25-member group hope that next year they will be able to indulge in raising silk-worms to provide the women of the village with increased income.

Back at Mahidol University Institute of Nutrition, Dr. Kraisid visualizes that many problems may still be forthcoming, but feels they are not insurmountable. Variation in the way the ingredients are made up to suit the different tastes of residents in different localities will add greater attraction to the supplementary food. "As long as we stick to the basic ingredients—rice, beans and sesame—which are locally available, and provide the needed calories and nutritional value, it will be all right."

The road to success may be a long one but it is worth the effort. Dr. Kraisid is optimistic. "I look forward very much to the day when we can see all our children looking healthy, striking a proper weight for age on the weighing scale, with no traces of weakness or malnutrition. Then we can say that our nutrition programme has met with a great success." □

Fighting the lure of the supermarket shelf

Nursery rhymes, radio jingles, and nutrition slogans, as well as more typical home-gardening and backyard farming projects, are all being used on this Caribbean island to wean people off their expensive tastes, onto something more nutritious.

By MAGGIE BLACK.

"Peter, Peter, pumpkin eater
Had a chick and couldn't keep her.
He killed the chick and made some soup,
The rest he used with peas in a stew."

This nutritious variation on an old children's rhyme comes from an infant teacher's guide recently published in the Caribbean island of Dominica. It is part of a drive to introduce ideas about the connection between food and health and strength into a child's mind from the earliest years.

The guide explains the purposes of different kinds of food in very simple terms, thought up by Ministry of Health nutritionist, Clare Davies. "Go foods," carbohydrates and fats, are needed for energy and warmth; "grow foods," proteins, are needed for growth and repair; and "glow foods," vitamins and minerals, are needed to keep body, skin, teeth and eyes healthy.

At the top of a hill up one of the Liliputian highways of Roseau, Dominica's capital, past a row of typical pink-washed and faded green clapperboard houses, is the Social Centre, a voluntary church-based organisation which has pioneered many nutrition activities.

In the pre-school classrooms downstairs, the walls are covered with drawings of carrots, eggs, fish, cherries, mangoes, bananas. A lesson on counting is in progress with the four-year-olds. "One carrot and one carrot makes two carrots. And what do two carrots do? They give you bright eyes." The Director of the nutrition programme at the Social Centre, Ms. Jacquie Prevost, is convinced that these lessons are taken in, and are even taken home. "One mother came to see me one day and said: 'What is all this about carrot juice? My boy keeps insisting on it!'"

Carrot juice is something not available to Dominican mothers on the shelves of Roseau's supermarkets—fortunately. Fighting the lure of expensive, processed, imported foods is one of the aims of the Social Centre's nutrition programme. It

Illustration from "Eat Right in Pregnancy," a booklet produced by the Food and Nutrition Advisory Council.

was their own analysis of the rapidly growing food import bill in 1975 which first led them to launch a programme for family food production and animal rearing, coupled with nutrition education.

Destruction of the crops

Since the crippling devastation caused by Hurricane David in August 1979, which destroyed all the crops, many of the buildings, and left the country temporarily dependent on food rations from outside, Dominica's economy has limped along in only partial recovery. As the prices of food rise higher, and the old people shake their heads and wonder why there is never meat to eat these days, even though there is much more money around, the bill for food on the supermarket shelf is increasingly difficult for both families and the government to meet.

Nonetheless, laments Jacquie Prevost, that is what everyone still wants to eat. "They buy macaroni and soft foods for the baby. People think home produce inferior—they receive canned carrots from the Windward Islands and think they are better. We are tired of telling them to use the carrots in their own gardens. I think that if we could learn to appreciate what we have, we would really give our children proper meals, but we will have to beat the influence of the supermarket. A lot of our staple foods, like dasheen, plantain, and yam, are full of water. So we say: if you must buy food, buy cereal. The mother agrees. Then you see her buying fruit juice."

Jacquie Prevost may feel that her nutrition aides are hitting their heads against a wall, but there is one very good reason why many mothers prefer to buy rather than grow food in their backyards: convenience.

Julia Blaize of the Dominica Planned Parenthood Federation explains. "Many of our women are mother and father to their children—the real father has abandoned them. The women are domestic helps and shop assistants—low wage jobs, which are tiring and time-consuming. They leave early in the morning, and come home late at night. They have no time or inclination to grow food and keep chickens. And life is very rough. Imagine having to feed and clothe four children and pay the rent on $40 (EC) a month." ($40 EC = US $13)

In the countryside the problems are different. The lush tropical mountainous terrain, with its countless small streams and rivers and its constant rainfall lends itself to banana production. The crop is grown mainly on plantations, and sold to Geest, a British company. Since the hurricane, it has taken time to rebuild production. Agricultural energy, therefore, is all invested in growing fruit for export. Family plots are small and neglected. Farming is seen as low status occupation, still associated with slavery.

According to Clare Davies, the nutritionist from British Save the Children, who has been working very actively at the Ministry of Health since she arrived in the aftermath of Hurricane David, the main

nutritional problem among children in Dominica is anaemia. "Cases of full kwashiokor and marasmus are rare," she says. "What is familiar is mild growth stunting. The few cases of marasmus we see are brought on by gastro-enteritis, of which there are occasional epidemics. But the big problem is anaemia, associated with hookworm. Most of the children suffer from it, and in the second year of life, almost all of them." This is why the weaning and post-weaning period is so important.

In November 1980 a "Child Health Passport" was introduced for all children up to age five. At her baby's birth, a mother is given the card, which will provide a record over the years of weight, immunization, clinic notes, and includes advice and record of feeding for the first year of life, and a record of family planning for the first two years.

Previously, all children's health records were kept in the clinic, not in the home. Hurricane David destroyed all the records when it tore through the island's buildings. Two major seminars for nurses, community and social workers were held to introduce the Passport and discuss nutrition. Clare Davies is convinced that virtually all the children in Dominica below three years of age now have a card, even if not every one is perfectly filled out.

Not only the Ministry of Health is involved, however. Efforts are being made, both by the Social Centre and its network of Social League groups and nutrition aides, and by the Ministry of Agriculture, to stress the importance of growing nutritious foods for home consumption. Chickens and rabbits are being given out to start up backyard livestock projects. There is a strong campaign for people to grow and use more foods in the "family pot," and to wean the child from the family pot instead of on supermarket food.

The Food and Nutrition Council, a multi-sectoral committee with representatives from Health, Education, Agriculture, Family Planning and Social League, which came into being in 1978, is gradually strengthening both its expertise, and its programme. Last year it became a statutory body, with a budget. It now also has a nutritionist—a Dominican trained in Barbados—as executive officer. Building on what is already in place, the fight against the high prices of imported foods, and the promotion instead of home-grown meat and vegetables in the family pot is about to gather a new momentum. □

Lebanon

Impressions of a spectator's war

In the great tumult of attention given to the onslaught on west Beirut during the recent fighting in Lebanon, some of the strange contradictions inherent in the wider picture were lost from view. DON ALLAN, who went to Lebanon to report on UNICEF's emergency programme, and who knows the country well, writes of his impressions.

All wars are grotesque, but the recent one in Lebanon yielded particularly bizarre contrasts.

Just a few miles from West Beirut, large silver-toned refrigerated trucks busily load up with tons of fruits and vegetables which have just been harvested. Once full, the trucks pull away from the loading centre and head east—*away* from the hundreds of thousands of Beirut residents desperately searching for something to eat.

The image of plentiful food moving along the highway in the wrong direction was particularly jarring, even though the explanation for it was straightforward enough: the food trucks from Lebanon's Bekaa Valley were carrying the produce to Kuwait, since Beirut had been cut off by a total Israeli blockade. And the 70,000 hungry refugees in the Bekaa area itself could not purchase this food since they had fled their war-torn homes virtually empty handed, without any money.

Bekaa has always been fertile. In Biblical times Lebanon was part of Canaan, the land of milk and honey, and Bekaa a bread basket for the Roman Empire, as the impressive ruins at Baalbek, the valley's capital, testify. So fertile in fact is this area that even after growing all the food it needs for consumption and export, it still has thousands of acres left over for the illegal planting of hashish. As we drove through the hashish plantations, I could not help pondering the irony that the crop was destined for illicit sale worth millions of dollars to the very countries which were now collecting funds for Lebanese relief.

Our own meal under the circumstances was decidely modest—but richly nutritious. It consisted of the two basic elements of Lebanese diet: *hommos*, a creamy dip of pureed chick peas, sesame seed, garlic and olive oil scooped up with torn bits of flat Arab bread; and *tabbooouleh*, a salad of chopped parsley, tomatoes and onions mixed with parched and steamed grains of bulgur wheat, *labneh*, strained goat's milk yoghurt, olives and fruit. These simple, cheap and universally available dishes contain everything needed for a balanced diet—which is why "even in war-time, we have no malnutrition in Lebanon," explained a UNICEF official.

* * *

Even in this bloody conflict, not everyone is eating modestly. Exploding shells which cause hungry children in west sector shelters to cry out with fear merely rattle the wine glasses in Beirut's east-side restaurants. In dim candle light—necessity, not romance, has determined this mode of lighting—waiters bow low to recommend frogs' legs or tournedo bearnaise as incoming 155mm. artillery shells screech in the night seeking their targets of destruction.

This is a kind of spectator's war. Not only for the television camera crews who

Don Allan is currently UNICEF's chief of communications in eastern Africa, and previously worked for UNICEF in a similar capacity in the Middle East and elsewhere.

record the battle for viewers around the world but also for the Lebanese, who watch the exchange of fireworks between Israelis and Palestinians from the presumed safety of a rooftop in east Beirut or a terrace on the hills above the smoking city. At the first exchanges of artillery fire, people in offices or apartment buildings step out on to the balconies, drinks in hand, and follow the exchanges as one would follow a rally in a tennis game.

After seven years of war, many Lebanese feel a queer kind of detachment from the horror around them, as long as they are not directly involved. Life can't stop, it must go on—and it does. The television teams similarly continue to record, for simultaneous worldwide transmission, the dead and dying. Perched on hotel rooftops like crows—or is it like vultures waiting for death?—they no doubt film with the same kind of detachment.

Yes, most definitely a spectator's war.

* * *

Looking at Lebanon now, it is difficult to believe that for centuries this was an island of tranquility and deliberate isolation. As you come down the spectacular mountain gorges leading into the Mediterranean you can see small monasteries burrowed in the sheer cliffs. Here the Maronite Christians of Lebanon, converted while Europe was still barbarian and long before the birth of the Prophet Mohammed, took refuge during the centuries of Arab and Turkish rule between the Crusades and World War I.

In these isolated mountain redoubts, they developed a deep suspicion of outsiders and a will to survive. But during the 1918-1947 domination of Lebanon by the French, the heads of the Christian clans came out of hiding, as it were, into positions of national social and political leadership. While living in Beirut, they maintained their second homes in mountain villages, from where they could summon thousands of armed men into battle for the causes of their choice.

We passed through numerous checkpoints manned by such militiamen in Mount Lebanon. And on other days in other parts of the divided country we saw their counterparts among the Moslem and Druze communities, not to mention the Palestinians, Syrians and other factions who spend more time fighting each other than any common enemy.

* * *

Our crossing from east to west Beirut took us through the port, and through five and sometimes six checkpoints in a quarter mile of utter destruction, most of it dating from the 1978 civil war. Here we encountered the pettiness and ruthlessness of the food blockade: Israeli soldiers confiscated the six loaves of flatbread and two kilos of peas the UNICEF representative's driver was taking to his mother one day. And yet in the centre of west Beirut, vendors were selling fresh produce brought in by night by bribing a checkpoint. But this bribe-spiked, exhorbitantly priced food was out of reach of the penniless and homeless families we found camped in squalor in the lobbies of office buildings, cinemas and a public park.

This stark juxtaposition of the most extreme deprivation amidst plenty was repeated in different forms. It is difficult to believe as you stand in the chaos of rubble from what were once apartment blocks or near bomb craters yards deep that the brand new ambulances you hear speeding by were bought the day before from a gleaming showroom just a couple of miles away in east Beirut. So sharply are the battle lines drawn, the distance between safety and danger, comfort and misery, is often only a few dozen yards away.

They know the "distance"

Amazingly, the children of west Beirut knew this "distance." With fighter-bombers roaring overhead and shells whizzing across the city, the children continued to play in the streets. They have learned to recognize the danger: their ears have come to understand the sounds of war, and they know when there is something threatening. A subtle change in the tempo or rhythm of the bombs, undetectable to the inexperienced ear, would send them scurrying for cover.

However, this talent could not help the 300 deaf children at the Makassed rehabilitation centre in Ouzai when it was hit one June night. Fortunately, most of the children were saved.

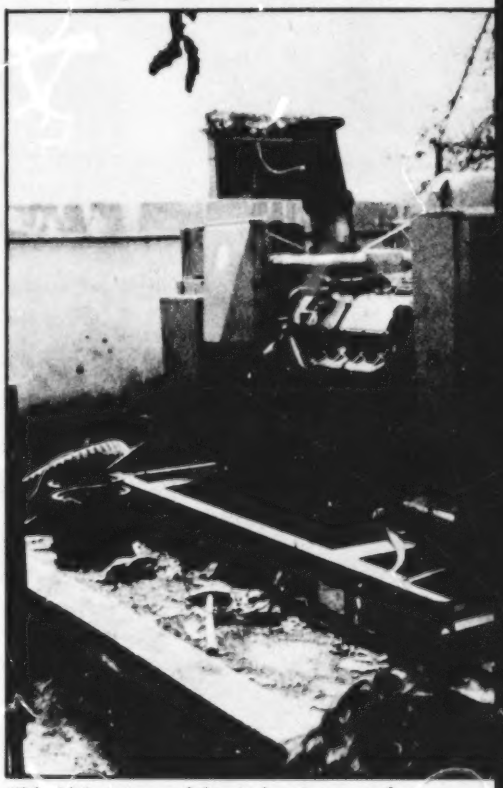
In this crazy war, the dividing line between lunacy and sanity was far less distinct than the battle zones. In 1978 a reporter interviewed the chief psychiatrist at a Beirut insane asylum in the heart of the fighting. The worse the shelling, the more tractable the violent patients became, according to the psychiatrist. The medical staff, though, went wild, grabbing guns and shooting from the balconies.

Psychiatrists fear for the mental health of children brought up in conditions of continuing violence which they have come to think of as an integral part of daily life.

* * *

How long will it be before the people of Lebanon are able to put violence behind them?

By some accounts, not long at all. If you look at some sections of Tyre, Sidon and other coastal villages, you can even be encouraged. The destruction of these areas was quickly "accomplished" in the first few days of June as the Israelis swept everything aside. But the resilient Lebanese went back to work immediately, setting up improvised stalls in front of ruined shops, selling shoes, radios, food—and even salvage from the wreckage.



"Mr. Naimy scoured the city's apartments for generators to pump up water from artesian wells." One powers a west Beirut pumping station. ICEF 9158/Grant

No such enterprise could lift the Palestinians from their despair. Hun-

dreds of thousands do not even have their wretched camps to return to, for they were the first targets of the war and are pounded to dust. These families have found shelter in public buildings in the hinterland of the south, in the Bekaa or in west Beirut. Some are squatting atop the ruins of their former quarters in Tyre and Sidon. Rebuilding refugee camps in Lebanon would simply restore the *status quo ante*. Far better to spend the millions in resettling these people in the West Bank and Gaza, part of the homeland they claim.

* * *

The worst of it was the water blockade. It affected everyone and everything.

West Beirut's water reservoirs are fed from the east, and were controlled by the besieging forces. On the day that an Israeli spokesman denied that the water supply to west Beirut had been cut, two journalists and a UNICEF official climbed to the top of the main Bourj Abu Haidar reservoir and found it bone dry.

It's not difficult to see why Raymond Naimy, UNICEF's Lebanese chief water engineer, was being referred to as a hero of west Beirut. This tireless man, scurrying from one water emergency to another amidst the bullets, bombings and straf-

ings, acted as the *de facto* west Beirut water department.

Working with a crew of 14, Mr. Naimy patched up leaks and repaired burst mains on an emergency basis, but his major effort was setting up alternative water sources for the blockaded city. He organized a network of 100 steel tanks around the city from which residents could draw clean water. These tanks emptied pretty fast, but Mr. Naimy had organized three water trucks which were continually refilling them. In addition, Mr. Naimy scoured the city's apartment buildings for generators which could be used to pump up water from artesian wells. One such generator he helped install was at a hotel converted into a convalescent hospital for victims of the fighting.

In between everything else, Mr. Naimy is busy obtaining drawings of needed spare parts. They can't of course be made in west Beirut—but he has found someone who has access to the east after dark...

* * *

There is no shortage of orphans in Lebanon. The Sunni Makassed charity alone has 3,000 in three institutions. Many were sent away to relatives after two of these were destroyed by the bombing. Others have been dispersed so that they cannot be wiped out in one attack. UNICEF is going to help rebuild the orphanages with a generous bequest of US $2 million it received from a German widow who changed her will after seeing a television programme about the misery in Lebanon.

The hospitals will need rebuilding too. Many have been bombed. Two closed down because of lack of nurses, and the biggest, American University hospital, was operating at only 60 per cent strength —although this was substantially higher than most others. Many doctors and nurses fled west Beirut for the safety of mountain resort hotels.

The morning after Beirut's heaviest bombardment, a Lebanese doctor in Beirut stopped by. He had performed one operation that morning...for haemorrhoids. Naturally, he was in east Beirut. He wanted, though, to be over the "border" where he was really needed. That was just not possible.

No wonder the ratio of dead to wounded was two to three. In war generally, this ratio is one to four.

* * *

As a visitor from Africa, I cannot help feeling some chagrin at the thought of massive financial aid flowing to Lebanon, which is rich though war-torn, while peaceful African states are starving and bankrupt. You need to have a war and be reported on television to attract attention. Where does this leave Madagascar, Mozambique, the Comoros, Malawi? In Uganda, famine victims die waiting in line for food. In Lebanon relief officials complain that there is not enough canned meat or flour, sugar, rice, butter, oil—even jam. Jam!

Virtually anything needed for relief in this emergency can be bought off the shelf somewhere in Lebanon itself. This is the great bazaar of the Middle East. We can buy canned goods, dried milk, blankets, kerosene stoves, flour by the ton. Fifty tons of powdered milk, hospital beds and mattresses, generators and many other relief items did not have to be bought and shipped from abroad, as in virtually all Third World emergencies.

It's truly incredible: so much available in the middle of a war that has gone on for seven years. What must have it been like during peace?

It was what it was like during the past that gives hope for the future. Most Lebanese are convinced that once the war is over, Lebanon will regain its place as the business, banking and diplomatic centre for the Middle East. The resilience and recuperative powers of the Lebanese are legendary, proven by severe tests in the past and by the reconstruction of the shattered bazaars of Tyre and Sidon even as the war raged on.

Prime Minister Mohammed Wazzan was not very optimistic when he spoke of the future during a meeting with UNICEF Executive Director James P. Grant on July 9: "To create faith, whether in religion or politics is never easy, but to re-create such faith once it has been lost is extremely difficult. The moral reconstruction of Lebanon is going to be much more difficult than the physical reconstruction."

He was speaking during the bloodiest phase of an intensely destructive war. It is very likely that he would feel differently now. If peace endures in Lebanon, it is difficult to imagine that the people of this nation will languish in the despair that had so recently gripped their country. □

Children of Australia, speak out...

"By the year 2000 A.D., most Earthlings will live in an urban environment. Today, people do not share equal living conditions or even equal opportunities. Write a speech about what you believe we should do about inequality in our world city. On Universal Children's Day, present your speech to your classmates."

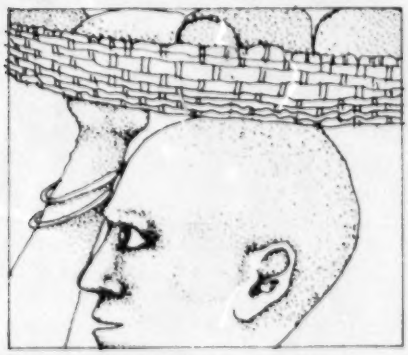
The suggestion comes from a kit prepared by the UNICEF Committee of Australia, where Universal Children's Day will be celebrated on 27 October. The theme of the Universal Children's Day Kit is "Cities and Children" and the kit is full of drawings, worksheets, wall charts, photographs, and suggestions for activities.

Let's have a look at what Australian children will be doing for Universal Children's Day. These are some extracts from the kit's five worksheets.

1. City Trade and Transport

Some information: Nigeria

Although Lagos, the capital city of Nigeria, has many supermarkets and department stores, all fresh food is still sold from stalls in traditional markets. There are no greengrocers' or butchers' shops. Bread can be bought in bakeries,



but it is also sold by boys who carry trays of bread on their heads.

In some of the Nigerian cities, the market traders are often women. Because large families live together in compounds, some women are able to go out to work while others stay at home and mind all the children.

Because they can be sure of finding an audience there, musicians gather with their drums in Nigerian market places, creating a distinct atmosphere.

An activity

Make a survey of the way goods are sold in your community. How many specialist shops are there? How many multi-purpose shops are there? Are there markets of any kind in your community? What do they sell? Can you think of any ways that shopping could be improved in your area?

2. City work and school

Some information: Child Labour in Sri Lanka

Colombo is a city where children join the workforce at an early age. Take Luxmi, a servant girl who is only 10 years old.

From early morning till late evening she is busy cleaning, washing, shopping, helping in the kitchen and looking after the children of the family she works for.

She comes from a distant village. Three of her brothers are also working as domestic servants in Colombo. Two younger sisters remain at home with her parents in the village. Luxmi receives no wages for her work.

An activity

Investigate the history of child labour in Australia. You will learn a lot by interviewing grandparents of members of your local elderly citizens' club.

It might help if you ask these questions:

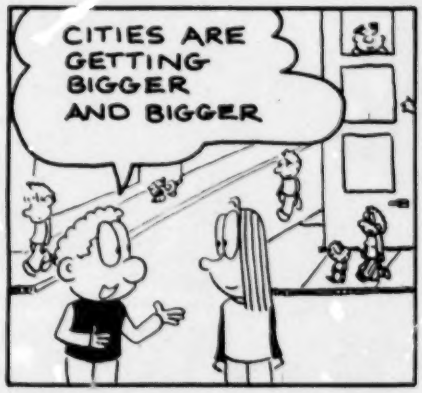
- Do you think children have a better life in Australia today than in the past?
- Do you think children in Australia should go to school less and work in other jobs more?

3. City Design and Housing

Some information: Delhi—two sides of an oriental city.

New Delhi is the capital of India. It is a modern city, very neat and tidy, with wide roads, many gardens and large, impressive buildings. In some ways it is like Canberra, Australia's capital city.

Next to New Delhi is the walled city of Old Delhi or Shahjahanabad. It is quite different—parts of this city are



over 300 years old and it has many tiny streets and lanes.

It is divided up into many small areas called Mohallas, which in the past were associated with a specific occupation. Even today people are likely to say, "I live in the Mohalla of the gun makers."

Each Mohalla has a council which makes rules about how people should behave and cares for orphaned children.

An activity: Plan a city

Planning a city requires a lot of thought.

- How will people move about in your city?
- How will people obtain food?
- How will you ensure citizens' personal safety?
- How will you prevent people becoming lonely?

When you have thought out your city, build a model of it. Elect a city council and ask them to organise a set of laws for your city.

4. City Recreation and Social Life

Some information: Carnival in Rio de Janeiro

Festival time in large cities creates a special atmosphere. In Rio de Janeiro, at Carnival, all the shops and businesses close for four days and five nights, starting on a Saturday. The streets are filled with people singing and dancing. Many people do not sleep at all during carnival because they don't want to miss any of the fun.

The Carnival performers get together during the months beforehand in clubs to polish their songs and dance. They save up their money so that they can afford beautiful carnival costumes which are called "fantasia." When the time comes, they dance in the streets to the music of drums, scrapers, and maraccas, which are gourds with dry seeds in inside them.

An activity: Carnival Masks

You could plan a Carnival Day at school. You must have a mask and costume.

First choose a character: it could be an animal, a witch or a space person.

Make your mask from papier mache moulded around a large balloon. Make sure you leave a hole to get your head in and cut your eyeholes in the right place. Paint the features of the face onto the mask when it is dry and add hair, eyebrows, ears to suit your character. □

Adelaide: Universal Children's Day 1981 was organised for the South Australian Committee by the Community Arts Office of the Adelaide Festival Centre. The amphitheatre was packed with 3,100 children, according to Ms Barbara Whitney, Director of the Committee.

UCD Brisbane 1981

"I do not share your gift of sight
I cannot hear your name
I may not move so free as you
I don't look quite the same.
And yet I love, and laugh and live,
And try day after day,
Deep down, you know, I'm just like you
So why do you turn away?"

The words of a special song for the International Year of Disabled Persons resounded cheerfully over the Botanical Gardens in Brisbane last October 28th.

More than 1,800 primary school children, taking part in the celebrations for Universal Children's Day, joined in processions, bands, songs and colourful demonstrations of support for children's rights all around the world.

The International Year of Disabled Persons was the theme for 1981, and Ms Margaret Moore, Chairperson of the Queensland Committee for UNICEF, thought the day's celebrations went better than ever before. The children taking part included 40 marchers from Narbethong School for the Visually Handicapped, and contingents from Montrose School for Crippled Children, the School for the Deaf and many other special schools and centres for disabled children.

The official opening was performed by Queensland's Minister for Education, the Hon. W.A.M. Gunn, and the Minister for Welfare Services, the Hon. Terry White. Both commended the concept of the day throughout the world and its celebrations in Brisbane. The procession was heralded by banner bearers, with older children carrying the UN and 100 national flags loaned by Lions Club International.

Under the enthusiastic prompting of two comperes from Radio Station 4 IP, the proceedings really romped along, according to Ms Margaret Moore. "The day was a joyous one," she says. "Even children in the outback joined in, through the sessions put on by the School of the Air, conducted on the Flying Doctor Radio Network." The special information in the Universal Children's Day kits from the Australian Committee for UNICEF and from UNICEF, New York, was used for these broadcasts. □

New development education materials

Universal Children's Day Kit: background information, statistics, sample press releases, graphics, cartoons and photos on the theme "Cities and Children."

Living in Lebanon and *The Desert Child —Fatimetou of Mauritania:* Two development education kits focussing on the life of children in their own environment, with colour slides, background materials and suggestions for activities.

The choice is ours: a wall chart on peace education. Materials are available in French and English from UNICEF Information Division, New York or Geneva. □

UNICEF acts fast in Lebanon emergency

Lebanon, during the recent invasion, was the scene of the largest war-time emergency relief operation UNICEF has undertaken in recent years. As soon as hostilities broke out, UNICEF moved into action amidst the intense bombardment to provide relief assistance to children and women critically affected by food shortages, and the lack of shelter and other essentials. The hostilities seem to be over now, but UNICEF faces an enormous challenge in the months ahead to restore, for the uprooted Palestinian and Lebanese populations, the life-sustaining social infrastructures blasted away by the war.

The first UNICEF relief operations were conducted as part of an intensive $5 million, 90-day programme. In the main, these involved the provision of emergency supplies such as food, medicines, and blankets, which were airlifted from UNICEF's Copenhagen warehouses via the Cyprus staging area. Water was also an urgent necessity and UNICEF's engineering department made a critical contribution in Beirut (see report from Don Allan, page 29). All of these efforts were part of the overall international response in which U.N. organisations, the International Committee of the Red Cross (ICRC) and voluntary agencies worked together to remove the dead, clear the rubble, and help survivors to re-establish their lives and homes.

The emergency operation concluded, UNICEF on August 10 unveiled a $60 million two-year programme for the restoration and rehabilitation of services for children in co-operation with the Lebanese government. With winter approaching, the first areas being tackled are shelter and clothing, but the bulk of the expenditure will be utilized in repairing damaged social service institutions such as hospitals, dispensaries, orphanages, child care centres and schools. UNICEF will also assist in areas such as garbage collection, vaccination, diarrhoea control, basic hygiene and health education, and helping set up small centres serving as focal points for accelerated training of women in economic activities.

The task facing those involved in the reconstruction of Lebanon is enormous, with well over a third of a million people considered to be in need, according to the U.N.'s Resident Co-ordinator. This latest conflict was particularly crippling since much of the damage for the 1978 war had still not been dealt with. For example, 454 schools in South Lebanon alone were damaged during the invasion, while 158 schools are still awaiting repair from the 1977-78 fighting. The estimate for fixing the 454 newly-harmed schools, is $13 million.

The cost of repair and restoration for facilities is the largest component of the UNICEF-assisted programme: $48.6 million. The rest of the $60 million expenditure includes $4.5 million for family rehabilitation, $1.5 million for displaced persons and $5.3 million for project support. These components correspond to the priority areas identified by the U.N. Inter-Agency Survey Mission Report on Lebanon, which recommended a long-term multi-billion dollar reconstruction for the country.

Given the scale of the destruction, the sum of $60 million is clearly not going to solve even the short-term rehabilitation needs. In fact, even the $60 million goal is still short by $20 million. The $40 million already raised includes $28 million donated by Arab governments for development and reconstruction directly to Lebanon; $6 million given by Saudi Arabia to the UNICEF campaign; and $2.8 million from the United States. The principal use of the U.S. funds will be for the repair to the Ras El Ain water pumping station near Tyre. Built over a large, ancient spring once used by Alexander, this pumping station was originally constructed with U.S. support and served 104 villages with a population of 200,000. UNICEF had just finished installing two new pumps there when the pumphouse suffered a direct hit during the first days of the fighting.

At the meeting on August 10, which announced the two-year UNICEF plan, Executive Director, James P. Grant, who visited Beirut and other affected areas soon after the invasion began, stressed how important it was for the countries to contribute to helping the "truly innocent" victims in Lebanon. "There is a great challenge ahead of us," he said.

He went on: "UNICEF has tried to do its part through a concrete programme that is now before you. This is a programme that has been put together through detailed surveys on the ground, frequently under hazardous conditions. It certainly has involved—when I was in Lebanon watching the people doing it—seven days a week work under difficult conditions. There is UNICEF machinery on the ground in Lebanon to implement the programme. The contributions that come in will enable schools, health clinics and hospitals to open again." □

Food distribution by UNICEF at the Borj el Shemali Palestinian Refugee Camp in the Tyre area of southern Lebanon. ICEF 9155/Grant

UNICEF Executive Board elects officers

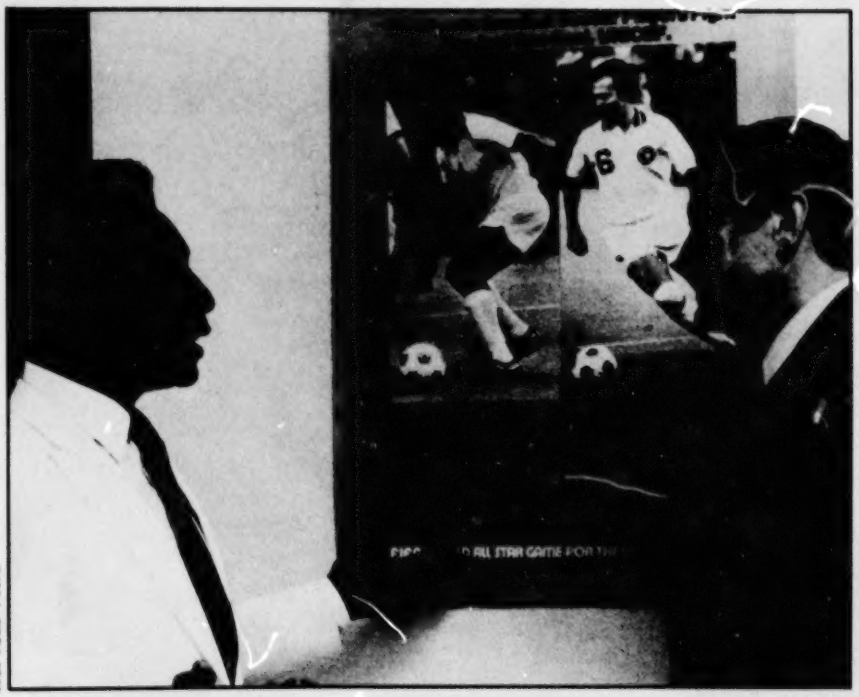
The newly enlarged 41-nation Executive Board of UNICEF, on June 28th, elected as its new Chairman, Hugo Scheltema (Netherlands), who is currently serving as his country's Permanent Representative to the United Nations.

Mr. Scheltema replaced Dragan Mateljak (Yugoslavia) as Chairman. The Board follows three main guidelines in its election of the Chairman: that the Chairman should be a person who has had experience in the work of the Board or in the work of UNICEF; that there should be a rotation of the Board's chairmanship between members of delegations from developing and industrialized countries; and that geographical regions are represented in the Chairmanship of the Board and its Programme Committee in an equitable manner.

The Board also elected four Vice-Chairmen: Haydee Martinez de Osorio (Venezuela), Mihaly Simai (Hungary), Amara Essy (Ivory Coast) and Basharat Jazbi (Pakistan).

The Board, in addition, elected Chairmen of its two subsidary committees; Sarla Grewal (India) was elected Chairman of the Programme Committee; and François Nordmann (Switzerland) was elected Chairman of the Committee on Administration and Finance.

The membership of the two Committees consists of the entire Board membership, which for the 1 August 1982-31 July 1983 period is: Algeria, Austria, Bahrain, Bangladesh, Barbados, Belgium, Botswana, Brazil, Canada, Central African Republic, Chad, Chile, China, France, German Democratic Republic, Federal Republic of Germany, Hungary, India, Italy, Ivory Coast, Japan, Madagascar, Mexico, Nepal, Netherlands, Norway, Pakistan, Panama, Somalia, Swaziland, Sweden, Switzerland, Thailand, Togo, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Upper Volta, Venezuela, Yugoslavia. □



ICEF 9222/Mera

Pele of Brazil, pictured here with James P. Grant, UNICEF's Executive Director, was the honorary captain for the Rest of the World All-Star team on August 7th. They played the European All-Stars in a hugely successful FIFA World All-Star soccer game, to benefit UNICEF, at Giants Stadium in New Jersey. Danny Kaye, UNICEF's Goodwill Ambassador, kicked off.

Over 30 of the world's greatest soccer players accepted the invitation to take part in the game. In the 88th minute, a member of Italy's World Cup team, Giancarlo Antognoni, scored to give Europe a 3-2 victory. But the European win was not the most important result. The stadium was packed, the game was televised to 60 countries, and UNICEF earned over $300,000 for mothers and children.

Maurice Pate memorial award

Every year the Maurice Pate Memorial award, established to commemorate UNICEF's first Executive Director, is given to a training institution in a developing country that has done outstanding work to further programmes for children and mothers.

The Board made the 1982 award ($15,000) to the University of the West Indies for its Department of Social and Preventive Medicine. The Department has been involved in training activities over the past two decades, including outreach programmes of training for paramedical personnel and the training of medical personnel in community medicine, and has pioneered an innovative programme in community health in the countries of the English-speaking Caribbean. The Department has also developed the first community health aide (CHA) training programme.

The usefulness of the community health aide programme was demonstrated through two experimental projects, one in a sub-urban district and the other in a remote rural area. The Government of Jamaica has now taken over the training of this category of personnel and has trained more than 1,200 aides who have become members of the country's health team.

Similarly, other Governments in the Commonwealth Caribbean have instituted training programmes for community health aides. The Department of Social and Preventive Medicine produced a manual for the basic training and continuing education of community health workers, which is used in the countries of the English-speaking Caribbean and other parts of the world.

The award will help support the Department's continued activities in these fields. □

FURTHER INFORMATION ABOUT UNICEF AND ITS WORK MAY BE OBTAINED FROM:

UNICEF Headquarters
United Nations, New York 10017

UNICEF OFFICE for Europe
Information Division
Palais des Nations, CH 1211, Geneva 10, Switzerland

UNICEF Office for North Africa
B.P. 660, Alger-Gare, Algeria

UNICEF Regional Office for East Africa
P.O. Box 44145, Nairobi, Kenya

UNICEF Regional Office for West Africa
04—P.O. Box 443, Abidjan 04
Ivory Coast

UNICEF Regional Office for the Americas
Calle 78 No. 11-43
Bogotá, Colombia

UNICEF Regional Office for East Asia and Pakistan
P.O. Box 2-154, Bangkok, Thailand

UNICEF Regional Office for the Eastern Mediterranean
P.O. Box 5902, Beirut, Lebanon

UNICEF Regional Office for South Central Asia
73 Lodi Estate, New Delhi 110003, India

UNICEF Office for Australia and New Zealand
P.O. Box 4045, G.P.O., Sydney, Australia

UNICEF Office for Tokyo
c/o United Nations
Information Centre, 22nd floor
Shin Aoyama Building Nishikan
1-1, Minami—Aoyama 1-chome
Minato-ku Tokyo 107
Japan

INFORMATION MAY ALSO BE OBTAINED FROM THE FOLLOWING COMMITTEES FOR UNICEF

Australia: UNICEF Committee of Australia
156 Castlereagh Street
AUS-Sydney N.S.W. 2000

Austria: Austrian Committee for UNICEF
Vienna International Centre
(UNO-City)
22 Wagramer Strasse 9
A-1400 Vienna

Belgium: Belgian Committee for UNICEF
1, rue Joseph II-Boîte 9
B—1040 Brussels

Bulgaria: Bulgarian National Committee for UNICEF
c/o Ministry of Public Health
5, Lenin Place
BG—Sofia

Canada: Canadian UNICEF Committee
443, Mount Pleasant Road
CDN—Toronto, Ontario M4S 2L8

Czechoslovakia: Czechoslovak Committee for Cooperation with UNICEF
Directeur de l'Institut de la médecine expérimentale CSAV
U nemocnice 2
CS-128 08 Prague 2

Denmark: Danish Committee for UNICEF
Billedvej, 5
Frihavnen
DK—2100 Copenhagen

Federal Republic of Germany: German Committee for UNICEF
Steinfelder Gasse 9
D—5000 Cologne 1

Finland: Finnish Committee for UNICEF
Pieni Roobertinkatu 11
SF—00130 Helsinki 13

France: French Committee for UNICEF
35, rue Félicien-David
F—75781 Paris Cedex 16

German Democratic Republic: National Committee for UNICEF of the German Democratic Republic
Warschauer Strasse 5
DDR—1034 Berlin

Greece: Hellenic National Committee for UNICEF
Xenias Street 1
GR—Athens 611

Hungary: Hungarian National Committee for UNICEF
Belgrád Rakpart, 24
H—1056 Budapest

Ireland: Irish National Committee for UNICEF
4, St. Andrew Street
IRL-Dublin 2

Israel: Israel National Committee for UNICEF
P.O. Box 3489
IL—Jerusalem

Italy: Italian National Committee for UNICEF
Pza. Marconi 25
00144 Rome

Japan: Japan Association for UNICEF, Inc.
1-2, Azabudai 3-Chome, Minati-Ku
J—Tokyo

Luxembourg: Luxembourg Committee for UNICEF
99, Route d'Arlon
L-Luxembourg

Netherlands: Netherlands Committee for UNICEF
Bankastraat, 128
Postbus 85857
NL—2508 CN's-Gravenhage

New Zealand: New Zealand National Committee for UNICEF, Inc.
5-7, Willeston Street, G.P.O. Box 122
NZ—Wellington 1

Norway: Norwegian Committee for UNICEF
Olaf Ryes Plass 8
N—Oslo 5

Poland: Polish Committee of Co-operation with UNICEF
ul. Mokotowska, 39
PL—00551 Warsaw

Portugal: Portuguese Committee for UNICEF
Rua S. Boaventura, 5
Colegio dos Inglesinhos
P-1200 Lisbon

Romania: Romanian National Committee for UNICEF
6-8, Strada Onesti
R—7000 Bucharest 1

San Marino: National Commission for UNICEF of San Marino
c/o Segretaria di Stato per gli Affari Esteri
SM—47031 San Marino

Spain: Spanish Committee for UNICEF
Mauricio Legendre, 36
Apartado 12021
E—Madrid 16

Sweden: Swedish Committee for UNICEF
Skolgränd, 2
Box 151 15
S—104 65 Stockholm

Switzerland: Swiss Committee for UNICEF
Werdstrasse 36
CH-8021 Zürich 1

Tunisia: Tunisian Committee for UNICEF
Le Colysée
Escalier F—Bureau 158
TN—Tunis

Turkey: Turkish National Committee for UNICEF
Atatürk Bul. No 223/5
TR—Kavaklidere-Ankara

United Kingdom: United Kingdom Committee for UNICEF
46-48 Osnaburgh Street
GB—London NW1 3PU

United States of America: United States Committee for UNICEF
331 East 38th Street
USA—New York, N.Y. 10016

Yugoslavia: Yugoslav National Committee for UNICEF
Lenjinov Bulevar No. 2, SIV I
YU-11070 Novi Belgrade

LIAISON OFFICES

Cyprus: United Nations Association of Cyprus,
Sub-Committee for UNICEF
14, Makarios III Avenue, 2nd floor
Mitsis Bldg., No. 2, Office No. 5
P.O. Box 1308
CY—Nicosia

Iceland: UNICEF in Iceland
Storagerdi, 30
IS—108 Reykjavik

U.S.S.R.: Alliance of Red Cross and Red Crescent Societies/sojuz
Obshchestv Krasnogo Kresta i
Krasnogo Polumesiatsa 1,
Cheremushkinskii Proezd, 5
SU—Moscow 117036

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